PAYROLL - CERTIFIED PAYROLL

Page: Date: 38 of 40 12/17/2018

Time:

01:29 PM

Name			_	Hours W	orked t	this Pro	oject										
Address City, State, Zip Code Trade, SIN/SSN, Race	ı	MON 12-10	TUE 12-11	WED 12-12	THU 12-13	FRI 12-14	SAT 12-15	SUN 12-16	Total	Pay Rate		Gross by Job Gross Total	Federal FICA	State/Local Other	Net	Hrly Fringe Benefits	Check Number
Fein num: 20-1537915				- Bulley													
418115 - POST OFFIC	E(230 S D	EARBOR	RN) - Co	ontract :	418115	- W	eeks Ela	ipsed :									
(b) (6)	NH OTH	łE			8				8		BRJY BRJY	369.52 2,771.40	538.24 212.02	137.18 119.52	1,764.44	549.98	15353
Total for 217530					8				8								
	NH				8				8	46.00	TKJY	368.00	342.66	146.36	2,100.10	491.18	15326
(b) (b)	ОТН	ΗE			J				Ü		TKJY	3,128.00	239.30	299.58			
Total for 554375					8				8								
(b) (6)	NH OTH	ΗE			8				8		TJA1 TJA1	312.00 2,691.00	480.64 205.87	133.20 106.79	1,764.50	347.66	15347
Total for 556960					8				8								
Total Hours by Day	=																
					24				24								
			_	Project	Hours								Project W	ages -			
	Regular 24	Over_	time	Dou	ıble _	Ot	ther_	To:	<u>tal</u> 24	Regular 1,049.52	Over_ti	<u>Double</u> 0.00 0.00		<u>eave</u> 0.00	0.00	Total	1,388.82

Date02/05/2019	
Christopher Lee	President
(Name of Signatory Party)	(Title)
do hereby state:	
(1) That I pay or supervise the payment of the pers	sons employed by
Bulley & Andrews Masonry I (Contractor or Subcon	Restoration, LLC on the
GSA US Post Office Revolving Door	
(Building or Work)	
10th day of December , 2018, and end	ing the 16th day of December, 2018,
all persons employed on s aid project have been paid t been or will be made either directly or indirectly to or on	he full weekly wages earned, that no rebates have behalf of said
Bulley & Andrews Masons (Contractor or Subco	ry Restoration, LLC from the full
weekly wages earned by any person and t hat no dedu from the full wages earned by any person, other than pe 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labo 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 31	emissible deductions as defined in Regulations, Part or under the Copeland Act, as amended (48 Stat. 948,
(2) That any payrolls otherwise under this contract correct and complete; that the wage rates for laborers of applicable wage rates contained in any wage det er classifications set forth therein for each laborer or mech	mination incorporated int o t he c ontract; t hat t he
(3) T hat any apprent ices em ployed in the aboapprenticeship program registered with a State apprenticeship and Training, United States Department State, are registered with the Bureau of Apprenticeship.	of Labor, or if no such recognized agency exists in a
(4) That: (a) WHERE FRINGE BENEFITS ARE PAID T	O APPROVED PLANS, FUNDS, OR PROGRAMS
 in addition to the basic hourly was the above referenced payroll, page 1. 	age rates paid to each laborer or mechanic listed in ayments of fringe bene fits as listed in the contract o appropria te progra ms for the bene fit of such action 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN	CASH
as indicated on the payroll, a	ted in the above referenced payroll has been paid, n amount not less than the sum of the applicable he amount of the required fringe benefits as listed ted in section 4(c) below.
(c) EXCEPTIONS	
EXCEPTION (CRAFT)	EXPLANATION
REMARKS: Payroll # 01	
-ayron # 01	
NAME AND TITLE Christopher Lee, President	(b) (6)

THE WILLFUL FALSIFICATION O F ANY O FT HE ABO VE ST SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION, SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

PAYROLL

Wage and Hour Division

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

U.S. Wage and Hour Division

Rev. Dec. 2008

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

NAME OF CONTRACTOR OR SUBCONTR		Z rcial Painting LLC	inting LLC								ADDRESS 10204 Werch Drive Woodridge, Illinois 60517									OMB No.: 1235-0008 Expires: 01/31/2015		
PAYROLL NO.	COMMIS	FOR WEEK ENDIN		2/09/	20 1 9	9					Re	vol	T AND LOCATI Iving Door R Clark Stree	ion tehab, US Pos et, Chicago, IL	st Office				OR CONTRAC 13-SI-D-00			
(1)	(2) SNO	(3)	ST.	S	M		W		-	S	(5)		(6)	(7)			DED	(8) UCTIONS			(9) NET	
NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	OT. OR		2/4 HOUR:				7 2/8 CH D/		TOTA	AL	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	Medicare	Federal	OTHER	TOTAL DEDUCTIONS	NET WAGES PAID FOR WEEK	
(b) (6)	0	Journeyman	0						_	+	10	00	\$69.83	\$558.60	\$33.52	\$27.93	\$5.59	\$61.45	\$16.76	\$145.25	\$413.35	
(\mathbf{D})			0		4.50	7.50		\vdash	+	+	12.	00	46.55									
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While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

(b) (c)		2.5	
	Office Administrator		distribution of accordance with the base would
(Name of Signatory Party)	(Title)		d in the above referenced payroll has been paid, amount not less than the sum of the applicable
do hereby state:		basic hourly wage rate plus the in the contract, except as noted	amount of the required fringe benefits as listed in section 4(c) below.
(1) That I pay or supervise the payment of the pe	sons employed by	(c) EXCEPTIONS	
Celtic Commercial F	Painting LLC on the	(c) Excel trotte	
(Contractor or Subco		EXCEPTION (CRAFT)	EXPLANATION
USPS Revolving Door	; that during the payroll period commencing on the		
(Building or Work)	O Fabrura 2010		
	ling the 9 day of February 2019		
all persons employed on said project have been paid the been or will be made either directly or indirectly to or or	e full weekly wages earned, that no rebates have behalf of said		
Celtic Commercial Pa	inting LLC from the full		
(Contractor or Subc			
weekly wages earned by any person and that no dedu from the full wages earned by any person, other than p 3 (29 C.F.R. Subtitle A), issued by the Secretary of Lat 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3	ermissible deductions as defined in Regulations, Part for under the Copeland Act, as amended (48 Stat. 948,		
		REMARKS.	
correct and complete: that the wage rates for laborers	tion incorporated into the contract; that the classifications	REMARKS: Fringe Benefits \$27.50 per hour	
correct and complete; that the wage rates for laborers applicable wage rates contained in any wage determina set forth therein for each laborer or mechanic conform	or mechanics contained therein are not less than the tition incorporated into the contract; that the classifications with the work he performed. Initially registered in a bona fide apprenticeship recognized by the Bureau of Apprenticeship and uch recognized agency exists in a State, are registered		
correct and complete; that the wage rates for laborers applicable wage rates contained in any wage determine set forth therein for each laborer or mechanic conform (3) That any apprentices employed in the above perogram registered with a State apprenticeship agency Training, United States Department of Labor, or if no swith the Bureau of Apprenticeship and Training, United (4) That:	or mechanics contained therein are not less than the titon incorporated into the contract; that the classifications with the work he performed. Period are duly registered in a bona fide apprenticeship recognized by the Bureau of Apprenticeship and uch recognized agency exists in a State, are registered States Department of Labor.	Fringe Benefits \$27.50 per hour	TOWAT INT
correct and complete; that the wage rates for laborers applicable wage rates contained in any wage determine set forth therein for each laborer or mechanic conform (3) That any apprentices employed in the above perogram registered with a State apprenticeship agency Training, United States Department of Labor, or if no swith the Bureau of Apprenticeship and Training, United (4) That: (a) WHERE FRINGE BENEFITS ARE PAID	or mechanics contained therein are not less than the tition incorporated into the contract; that the classifications with the work he performed. Initially registered in a bona fide apprenticeship recognized by the Bureau of Apprenticeship and uch recognized agency exists in a State, are registered		h) (6)
correct and complete; that the wage rates for laborers applicable wage rates contained in any wage determine set forth therein for each laborer or mechanic conform (3) That any apprentices employed in the above perogram registered with a State apprenticeship agency Training, United States Department of Labor, or if no swith the Bureau of Apprenticeship and Training, United (4) That: (a) WHERE FRINGE BENEFITS ARE PAID	or mechanics contained therein are not less than the titon incorporated into the contract; that the classifications with the work he performed. Period are duly registered in a bona fide apprenticeship recognized by the Bureau of Apprenticeship and uch recognized agency exists in a State, are registered States Department of Labor.	Fringe Benefits \$27.50 per hour	b) (6)

PAYROLL

Wage and Hour Division

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

U.S. Wage and Hour Division
Rev. Dec. 2008

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

NAME OF CONTRACTOR OR SUBCONTRACTOR 7 924 Sherwood Dr. OMB No.: 1235-0008 dormakaba USA, Inc. Lake Bluff, IL 60044 Expires: 02/28/2018 PAYROLL NO. FOR WEEK ENDING PROJECT AND LOCATION PROJECT OR CONTRACT NO. WK 09 US Post Office 01/26/2019 GS-05P-13-SI-D-0086 211 S. Clark St., Chicago, IL (1) (2) (3) (4) DAY AND DATE (9) (8) DEDUCTIONS NO, OF WITHHOLDING EXEMPTIONS W M T T F S NAME AND INDIVIDUAL IDENTIFYING NUMBER NET GROSS 20 21 22 23 24 WITH-(e.g., LAST FOUR DIGITS OF SOCIAL SECURITY 25 WAGES 26 WORK AMOUNT STATE TOTAL RATE HOLDING TOTAL PAID NUMBER) OF WORKER TAX CLASSIFICATION HOURS WORKED EACH DAY HOURS OF PAY EARNED FICA TAX OTHER DEDUCTIONS FOR WEEK 0.00 0.00 0.00 0.00 0.00 0.00 \$0.00

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

Date02/15/2019	2		(b) WHERE FRINGE BENEFITS ARE PA	AID IN CASH
(Name of Greening Both)	Payroll Administrator	r	☐ — Each laborer or mecha	inic listed in the above referenced payroll has been paid,
(Name of Signatory Party) do hereby state:	(Title)		as indicated on the pay basic hourly wage rate	roll, an amount not less than the sum of the applicable plus the amount of the required fringe benefits as listed
(1) That I pay or supervise the payment of the pe	rsons employed by		in the contract, except	as noted in section 4(c) below.
dormakaba US	and the second s	20.00	(c) EXCEPTIONS	
(Contractor or Subco	ntractor)	on the	EXCEPTION (CRAFT)	EXPLANATION
USPS Lawton	; that during the payroll period comm	nencing on the	Production of the state of the	Di Dilamon
(Building or Work) 13 day of Jan. 2019 and and	10	2010		
day or,, and end	ding the 19 day of Jan.			
all persons employed on said project have been paid the been or will be made either directly or indirectly to or or	e full weekly wages earned, that no re n behalf of said	ebates have		
dormakaba USA		from the full		
(Contractor or Subc	ontractor)			
Union dues.				
			REMARKS:	
(2) That any payrolls otherwise under this contract correct and complete; that the wage rates for laborers applicable wage rates contained in any wage determinated for the therein for each laborer or mechanic conforms (3) That any apprentices employed in the above performed registered with a State apprenticeship agency Training, United States Department of Labor, or if no state the Bureau of Apprenticeship and Training, United	or mechanics contained therein are not atton incorporated into the contract; that with the work he performed. eriod are duly registered in a bona fide a recognized by the Bureau of Apprentice such recognized agency exists in a State	less than the the classifications		
(4) That:				
(a) WHERE FRINGE BENEFITS ARE PAID T	TO APPROVED PLANS, FUNDS, OR P	ROGRAMS	NAME AND TITLE	SIGNATURE
_ in addition to the basis house, w	rage rates paid to each laborer or mech	hands Parada	(b) (6) Payroll Specialist	(h) (6)
the above referenced payroll, p	ayments of fringe benefits as listed in	the contract	THE WILLFUL FAUSIFICATION OF ANY OF THE ABOV	F STAT
have been or will be made to app except as noted in section 4(c) b	propriate programs for the benefit of suc	h employees,	SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUT 31 OF THE UNITED STATES CODE.	ION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE

OR SUBCONTRACTOR [7]

Wage and Hour Division

NAME OF CONTRACTOR

PAYROLL



(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm) Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

Rev. Dec. 2008

NAME OF CONTRACTOR OR SUBCONT	100	Z Da USA, Inc.								A	ADDRES	324 31161	rwood Dr. ff, IL 60044						OMB No. Expires:	: 1235-0008 02/28/2018
PAYROLL NO. WK 10		FOR WEEK ENDIN		2/02/2	019						US Po	T AND LOCAT ost Office . Clark St.,	TON Chicago, IL					OR CONTRAC -13-SI-D-00		
(1)	(2) SNS SNS	(3)	ST.	S			AND I		F	S	(5)	(6)	(7)			DEDU	(8) UCTIONS		11	(9)
NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	NO, OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	OT, OR ST	27	28	29 WOR		31 (01	02 _T	TOTAL	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	STATE TAX		OTHER	TOTAL DEDUCTIONS	NET WAGES PAID FOR WEEK
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			s	0.00	0.00	0,00	0,00	0.00	0 00.0	00,0			/							
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While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week," U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

Date02/15/2019			(b) WHERE EDINGE PENECITO ARE	AND IN CASH
(b) (6)	Payroll Adn	ninistrator	(b) WHERE FRINGE BENEFITS ARE F	AID IN CASH
(Name of Signatory Party)		(Title)	☐ − Each laborer or mech	anic listed in the above referenced payroll has been paid,
do hereby state:		, mey	basic hourly wage rate	syroll, an amount not less than the sum of the applicable e plus the amount of the required fringe benefits as listed t as noted in section 4(c) below.
(1) That I pay or supervise the payment of the	persons employed by		in the contract, except	t as noted in section 4(c) below.
dormakaba l	USA, Inc.	16 W.S.	(c) EXCEPTIONS	
(Contractor or Subo	contractor)	on the	EXCEPTION (CRAFT)	EXPLANATION
USPS Lawton	; that during the payroll pe	eriod commencing on the	Execution (e.e. 1)	EXPLANATION
(Building or Work)		and a comment of the		
13day of Jan,2019 and e	ending the19_ day of	Jan. 2019		
all persons employed on said project have been paid been or will be made either directly or indirectly to or	the full weekly wages earned, on behalf of said	that no rebates have		
dormakaba US	SA, Inc.	from the full	-	
(Contractor or Sub	ocontractor)		4	
			REMARKS:	
(2) That any payrolls otherwise under this controvered and complete; that the wage rates for laborer applicable wage rates contained in any wage determined for the therein for each laborer or mechanic conform. (3) That any apprentices employed in the above program registered with a State apprenticeship agent Training, United States Department of Labor, or if no with the Bureau of Apprenticeship and Training, United	rs or mechanics contained ther ination incorporated into the com with the work he performed. period are duly registered in a cy recognized by the Bureau of such recognized agency exists	ein are not less than the ntract; that the classifications bona fide apprenticeship Apprenticeship and in a State, are registered		
(4) That:				
(a) WHERE FRINGE BENEFITS ARE PAIL	D TO APPROVED PLANS. FU	NDS. OR PROGRAMS	NAME AND TITLE	SIGNATURE
 in addition to the basic hourly 	wage rates paid to each labor	er or mechanic listed in	(b) (6) Payroll Specialist	(b) (6)
the above referenced payroll,	, payments of fringe benefits a appropriate programs for the be	is listed in the contract	THE WILLFUL FALSIFICATION OF ANY OF THE ABO SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECU 31 OF THE UNITED STATES CODE.	IVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR UTION, SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE

OP SUBCONTRACTOR TO

PAYROLL

U.S. Wage and Hour Division

Wage and Hour Division

NAME OF CONTRACTOR

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

Rev. Dec. 2008

	dormakaba USA, Inc. D. FOR WEEK ENDING								ADDRES	924 She Lake Blu	rwood Dr. ff, IL 60044						OMB No.: Expires:	1235-0008 02/28/2018
PAYROLL NO. WK 11	WK 11 (2) (3))				USP	CT AND LOCAT ost Office S. Clark St.,					ROJECT OR			
	DUAL IDENTIFYING NUMBER LOGIC			M	DAY A	-	ATE Γ F	S	(5)	(6)	(7)			(8) DEDUCT	TONS			(9)
NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	NO, OF WITHHO EXEMPT	WORK CLASSIFICATION	01.0RST		05 0 S WORK	06 0 KED E/	W	09 AY	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	STATE TAX		OTHER	TOTAL DEDUCTIONS	NET WAGES PAID FOR WEEK
			s 0.0	0,00	0.00 0.	.00 00.0	00.00	0.00										
			0				E											
			o					h										_
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			s															
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While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

Date	02/15/2019					# N. W. IFPF FRIENDS \$ 1.00		
	(b) (6)		Payroll Ac	Iministrator		(b) WHERE FRINGE BENEF	TIS ARE PAID IN CASH	
1,	(Name of Signatory Pa	erty)	1 0)1011710	(Title)		☐ - Each labore	er or mechanic listed in the above re	ferenced payroll has been paid,
do hereb				(me)		as indicated	d on the payroll, an amount not less y wage rate plus the amount of the r	than the sum of the applicable
(1)	That I pay or supervise the pa	avment of the persons emplo	yed by			in the contr	ract, except as noted in section 4(c)	below.
1.7		dormakaba USA, Inc.	(ed by			(c) EXCEPTIONS		
		tractor or Subcontractor)			on the			And the second
	USPS Lawton	A country of a constraint of the state of	ng the payroll		ending on the	EXCEPTION (CRAFT	D .	EXPLANATION
-	(Building or Work)	, triat duri	ig the payroll	perioa comm	encing on the			
13	_ day of,,	2019 , and ending the1	g day of	Jan.	2019			
all person been or v	ns employed on said project h will be made either directly or	ave been paid the full weekly indirectly to or on behalf of sa	wages earne	d, that no re	bates have			
	do	ormakaba USA, Inc.			from the full			
	(Cor	ntractor or Subcontractor)			_ from the full			
Union d	uus.							
						REMARKS:		
applicable set forth t (3) T program Training,	That any payrolls otherwise up and complete; that the wage rate wage rates contained in any therein for each laborer or me that any apprentices employed registered with a State apprer United States Department of Bureau of Apprenticeship and	ates for laborers or mechanic y wage determination incorporate according to the work d in the above period are duly nticeship agency recognized I Labor, or if no such recognize	s contained the rated into the can be performed registered in a by the Bureau ed agency exis	erein are not contract; that l. a bona fide a of Apprentice	less than the the classifications operenticeship			
(4) T								
		FITS ARE PAID TO APPROV	ED PLANS, FI	UNDS, OR P	ROGRAMS	NAME AND TITLE	SIGNATURE	A
	- in addition to the	e basic hourly wage rates pa	aid to each lah	orer or mech	anic listed in	(b) (b) Payroli Specialist	(b)(6)	
	the above refer	renced payroll, payments of ill be made to appropriate pro-	fringe benefits	as listed in	the contract	THE WILLFUL FALSIFICATION OF ANY	OF THE ABOVE STATEMENTS MAY SUBJE AL PROSECUTION, SEE SECTION 1001 OF	CT THE CONTRACTOR OR
	except as noted	in section 4(c) below.	grants for the t	Denenii or suc	ii employees,	31 OF THE UNITED STATES CODE.	SE PROSECUTION, SEE SECTION 1001 OF	TITLE 18 AND SECTION 231 OF TITLE

Wage and Hour Division

NAME OF CONTRACTOR

PAYROLL

U.S. Wage and Hour Division

Rev. Dec. 2008

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm) Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

OR SUBCONTRACTOR 7 ADDRESS 924 Sherwood Dr. OMB No.: 1235-0008 Expires: 02/28/2018 Lake Bluff, IL 60044 dormakaba USA, Inc. PAYROLL NO. FOR WEEK ENDING PROJECT AND LOCATION PROJECT OR CONTRACT NO. US Post Office WK 12 02/16/2019 GS-05P-13-SI-D-0086 211 S. Clark St., Chicago, IL (1) (3) (4) DAY AND DATE (2)(9) (8) DEDUCTIONS OF THHOLDING S M W T F S NET NAME AND INDIVIDUAL IDENTIFYING NUMBER GROSS WITH-10 11 12 13 14 WAGES 15 (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY STATE WORK TOTAL RATE AMOUNT HOLDING TOTAL PAID TAX NUMBER) OF WORKER CLASSIFICATION HOURS WORKED EACH DAY HOURS OF PAY EARNED FICA TAX OTHER DEDUCTIONS FOR WEEK 0.00 0.00 0.00 0.00 0,00 0.00 0.00

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

Date02/15/2019				(b) WHERE FRINGE BENEFI	ITS ARE DAID IN CASH	
(b) (6)	Payroll Ad	ministrator				
(Name of Signatory Party)		(Title)		☐ — Each labore	er or mechanic listed in the above	e referenced payroll has been paid, ess than the sum of the applicable
do hereby state:				basic hourly	wage rate plus the amount of the	ne required fringe benefits as listed
(1) That I pay or supervise the payment of I	the persons employed by				act, except as noted in section 4	(c) Delow.
dormaka	ba USA, Inc.		on the	(c) EXCEPTIONS		
(Contractor or S	Subcontractor)		critie	EXCEPTION (CRAFT)	EXPLANATION
USPS Lawton	that during the payroll	period commen	ncing on the	The state of the s		
(Building or Work)	40					
	and ending the19_ day of	Jan.	2019			
all persons employed on said project have been been or will be made either directly or indirectly to	paid the full weekly wages earne to or on behalf of said	d, that no reba	ates have			
dormakaba	a USA, Inc.		from the full			
(Contractor or	Subcontractor)		. I O I I I I I I I I I I I I I I I I I			
				REMARKS:		
(2) That any payrolls otherwise under this correct and complete; that the wage rates for lab applicable wage rates contained in any wage det set forth therein for each laborer or mechanic core. (3) That any apprentices employed in the ab program registered with a State apprenticeship a Training, United States Department of Labor, or with the Bureau of Apprenticeship and Training,	porers or mechanics contained the termination incorporated into the inform with the work he performed pove period are duly registered in agency recognized by the Bureau if no such recognized agency exists.	nerein are not le contract; that the d. a bona fide app of Apprentices sts in a State, a	ess than the e classifications prenticeship			
(4) That:						
(a) WHERE FRINGE BENEFITS ARE	PAID TO APPROVED PLANS, F	UNDS, OR PRO	OGRAMS	NAME AND TITLE	SIGNATURE	
 in addition to the basic ho 	ourly wage rates paid to each lai	orer or mecha	nic listed in	Taylor openians		0)
the above referenced pay	yroll, payments of fringe benefits to appropriate programs for the	s as listed in th	ne contract	THE WILLFUL FALSIFICATION OF ANY SUBCONTRACTOR TO CIVIL OR CRIMINA 31 OF THE UNITED STATES CODE.		OF TITLE 18 AND SECTION 231 OF TITLE

OR SURCONTRACTOR EX

PAYROLL

Wage and Hour Division

NAME OF CONTRACTOR

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

U.S. Wage and Hour Division Rev. Dec. 2008

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

					924 Sherwood Dr. Lake Bluff, IL 60044 PROJECT AND LOCATION											OMB No. Expires:	: 1235-000 02/28/2018
PAYROLL NO. WK 13	WK 13 (2) (3)			119				US Po	ost Office	rion Chicago, IL					OR CONTRAC		
	11/10/2009	(3)	S N	(4) DAY		T F	S	(5)	(6)	(7))) DEDUC	8) CTIONS			(9)
NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	NO, OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	S 1 17 1 HO	8 19 JRS WO		21 22 ACH DA		TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	STATE TAX		OTHER	TOTAL DEDUCTIONS	WAGES PAID FOR WEEK
			S 0.00 0.	00.00	0.00 0.	.00 0.00	0.00	24									
			0					12							1		
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While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

Date	03/06/2019				Valoria vola u Aprilia i Survi	
	(b) (6)	Payroll Administrato		(b) WHERE FRINGE BEN	NEFITS ARE PAID IN CASH	
١,	(Name of Signatory Party)	(Title)				he above referenced payroll has been paid,
do hereb		(nue)		basic ho	ated on the payroll, an amou ourly wage rate plus the amo ontract, except as noted in s	unt not less than the sum of the applicable bunt of the required fringe benefits as listed
(1)	That I pay or supervise the payment of the persons en	ployed by			milaci, except as noted in s	ection 4(c) below.
	dormakaba USA, Inc.			(c) EXCEPTIONS		
	(Contractor or Subcontractor)		on the	EXCEPTION (CR	RAFT)	EXPLANATION
	USPS Lawton ; that	during the payroll period comm	nencing on the		7	23 2 3 7 7 7 7
No.	(Building or Work)					
17	_ day of Feb, _2019 , and ending the	23 day of Feb.				
all person been or v	ns employed on said project have been paid the full we will be made either directly or indirectly to or on behalf	eekly wages earned, that no roof said	ebates have			
	dormakaba USA, Inc.		from the full			
	(Contractor or Subcontracto	7)		-		
				REMARKS:		
correct ar applicable set forth t (3) T program Training,	That any payrolls otherwise under this contract require and complete; that the wage rates for laborers or mechie wage rates contained in any wage determination incomplete; therein for each laborer or mechanic conform with the three in for each laborer or mechanic conform with the three in for each laborer or mechanic conform with the traditional payron and the same period are registered with a State apprenticeship agency recognic United States Department of Labor, or if no such recognic payron of Apprenticeship and Training, United States I	anics contained therein are no rporated into the contract; that work he performed. duly registered in a bona fide ted by the Bureau of Apprentic gnized agency exists in a State	t less than the the classifications apprenticeship eship and			
		opart north of Edoor.				
(4) T	(a) WHERE FRINGE BENEFITS ARE PAID TO APPR	ROVED PLANS, FUNDS, OR I	PROGRAMS	NAME AND TITLE	SIGNAT	URE
	_ in addition to the basic hourly wage rate	s paid to each laborer or med	chanic listed in	(b) (6) Payroll Specialist	(b)	(6)
	the above referenced payroll, payments have been or will be made to appropriate except as poted in section //o/ below	of fringe benefits as listed in programs for the benefit of su-	the contract ch employees,	THE WILLFUL FALSIFICATION OF A SUBCONTRACTOR TO CIVIL OR CRI 31 OF THE UNITED STATES CODE.	ANY OF THE ABOVE STATEMENT. MINAL PROSECUTION, SEE SECTION.	S MAY SUBJECT THE CONTRACTOR OR TION 1001 OF TITLE 18 AND SECTION 231 OF TITLE

NAME OF CONTRACTOR

Wage and Hour Division

OR SUBCONTRACTOR [7]

PAYROLL



(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm) Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

924 Sherwood Dr. OMB No.: 1235-0008 Expires: 02/28/2018 dormakaba USA, Inc. Lake Bluff, IL 60044 PAYROLL NO. FOR WEEK ENDING PROJECT AND LOCATION PROJECT OR CONTRACT NO. WK 14 - FINAL US Post Office 03/02/2019 GS-05P-13-SI-D-0086 211 S. Clark St., Chicago, IL (1) (2) (3) (4) DAY AND DATE (9) (8) DEDUCTIONS T S M T W F NET NAME AND INDIVIDUAL IDENTIFYING NUMBER GROSS 25 26 WAGES 24 27 28 01 02 (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY STATE WORK OTAL RATE AMOUNT HOLDING TOTAL PAID NUMBER) OF WORKER TAX CLASSIFICATION HOURS WORKED EACH DAY OF PAY HOURS EARNED FICA TAX OTHER DEDUCTIONS FOR WEEK \$384.40 CARPENTER 0 \$360.23 \$891.01 \$233.09 \$211.68 \$1,696.01 \$3,012.89 8.00 8.00 48.05 \$4,708.90 \$404.40 CARPENTER 1 \$290.03 \$612.01 \$187.67 \$170.84 \$1,260.55 \$2,530.70 8.00 8.00 50.55 \$3,791.25 \$404.40 CARPENTER 0 \$371.24 \$649.19 \$240.21 \$216.30 \$3,375.86 \$1,476.94 200 8.00 50.55 \$4,852.8 \$384.40 CARPENTER 1 \$286.72 \$601.60 \$185.52 \$170.97 \$1,244.81 \$2,503.09 8.00 48.05 \$3,747.90

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contract and subcontractors performing work on Federally financed or assisted construction contracts to "furnish week!" U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed, DOL and federal contracting agencies receiving this information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

Date03/06/2019				
(b) (c)	Daving II Administrate	2.00	(b) WHERE FRINGE BENEFIT	S ARE PAID IN CASH
I,(D) (O)	Payroll Administrato	D	☐ − Each laborer	or mechanic listed in the above referenced payroll has been paid,
(Name of Signatory Party) do hereby state:	(Title)		as indicated basic hourly	on the payroll, an amount not less than the sum of the applicable wage rate plus the amount of the required fringe benefits as listed ct, except as noted in section 4(c) below.
(1) That I pay or supervise the payment of the payment	ersons employed by		in the contra	st, except as noted in section 4(c) below.
dormakaba U		11.06.3	(c) EXCEPTIONS	
(Contractor or Subco	ontractor)	on the	EXCEPTION (CRAFT)	EXPLANATION
USPS Lawton	; that during the payroll period comm	nencing on the		DA BANATION
(Building or Work)				
	nding the 23 day of Feb.			
all persons employed on said project have been paid been or will be made either directly or indirectly to or or	the full weekly wages earned, that no re on behalf of said	ebates have		
dormakaba US.	A, Inc.	from the full		
(Contractor or Sub-	contractor)	- 10.000,000		
			REMARKS:	
(2) That any payrolls otherwise under this contracorrect and complete; that the wage rates for laborers applicable wage rates contained in any wage determines that therein for each laborer or mechanic conform. (3) That any apprentices employed in the above program registered with a State apprenticeship agency. Training, United States Department of Labor, or if no swith the Bureau of Apprenticeship and Training, United.	s or mechanics contained therein are not nation incorporated into the contract; that n with the work he performed. period are duly registered in a bona fide a sty recognized by the Bureau of Apprentics such recognized agency exists in a State	t less than the the classifications apprenticeship		
(4) That:	51 - 10-10 10-10 10 10 10 10 10 10 10 10 10 10 10 10 1			
the above referenced payroll,	wage rates paid to each laborer or med	hanic listed in the contract	NAME AND TITLE (b) (6) Fayror Specialist THE WILLFUL FALSIFICATION OF ANY O	FTHE ABOVE STATEMENT OF THE BOOK OF THE BO
have been or will be made to ap	opropriate programs for the benefit of suc	ch employees,	SUBCONTRACTOR TO CIVIL OR CRIMINAL 31 OF THE UNITED STATES CODE.	PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TI

Wage and Hour Division

PAYROLL



(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

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NAME OF CONTRACTOR OR SUBCONTRACTOR OR SUBCONTRAC

_	ormaka	ba USA, Inc.											rwood Dr. ff, IL 60044						Expires:	02/28/20
PAYROLL NO. WK 01		FOR WEEK ENDIN		/01/	2018					U	SP	CT AND LOCAT ost Office S. Clark St.,						OR CONTRAC -13-SI-D-00		
(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER	OLDING (S)	(3)	OR ST.	S	(4) M	_	W			_	5)	(6)	(7)			DED	(8) UCTIONS			(9) NET
(e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	OT.0		26 OURS					01 TO	TAL URS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	STATE		OTHER	TOTAL DEDUCTIONS	WAGES PAID FOR WEI
(b) (6)	1	CARPENTER	o s		4,00	8.00				12	2.00	48.05	\$576.60	\$294.05	\$630.46	\$190.28		\$175.35	\$1,290.14	\$2,553.
	1	CARPENTER	0			8.00		-		8.	.00	50,55	\$404.40	\$301.63	\$654.20	\$195.17		\$178.28	\$1,329.28	\$2,613
		CARPENTER	o			8.00		1	-	8.	.00	48.05	\$384.40	\$286.72	\$645.70	\$185.52		\$170.97	\$1,288.91	\$2,458
		CARPENTER	0						1				\$3,747.90 \$404.40	\$328.71	\$535.21	\$212.69		\$193.70	\$1,270.31	\$3,026
	-		0		1	3.00				8.	.00	50.55	\$4,296.75							
			s																	
			o s			4		+	+	+										
			o						1											
			o						,											
			s																	

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a), The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Becon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

Canada part Canada Canad	Date	12/11/2018			(b) WHERE ERI	NGE BENEFITS ARE PAID	IN CASH
(Name of Signatory Party) (Charles) to hereby state: (1) That I pay or supervise the payment of the persons employed by commakaba USA, Inc. (Contradaba USA, Inc.) (Contradaba USA, Inc.) (Building or Word) (Contradaba USA, Inc.) (Con		(b) (6)	Payroll Administrato	r			
co hereby state: (1) That I pay or supervise the payment of the personal employed by dormalcaba USA, Inc. (Contractor or Subcontractor) USPS Lawford (Sulliding or Work) 25 day of Nov. 2018, and ending the payroll period commending on the been or will be made either directly or indirectly to or on behalf of said described nor will be made either directly or indirectly to or on behalf of said described nor will be made either directly or indirectly to or on behalf of said described nor will be made either directly or indirectly to or on behalf of said described nor will be made either directly or indirectly to or on behalf of said described nor will be made either directly or indirectly to or on behalf of said described nor will be made either directly or indirectly to or on behalf of said described nor will be made to appreciate the said of t	1,	(Name of Signatory Party)	(Title)	-	□-		
(c) EXCEPTIONS (c) EXCEPTIONS	do hereby	state:				basic hourly wage rate plus	s the amount of the required fringe benefits as listed
Commarkabe USA, Inc. (Contractor of Subcontractor) USPS Lawton (Building or Work) 25 day of Nov. 2018, and ending the _01 day of _Dec. 2018. all persons employed on said project, have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly or on behalf of said. (Contractor or Subcontractor) weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person and that no deductions have been made either directly form the full wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person and that no deductions have been or whether directly or indirectly from the full wages earned by any person and that no deductions have been or whether directly or indirectly from the full wages earned by any person deduction and the full wages earned by any person deduction and the full wages earned by any person deduction and the full wages earned by any person deduction and the full wages earned by any person deduction and the full wages earned by any person deduction and the full wages earned by any person deduction and the full wages earned by any person deduction and the full wages earned by any person deduction and the full wages earned by any person deduction and the full wages earned by any person deduction and the full wages earned by any person deduction and the full wages earned by any person deduction and the full wages earned by any person determined to the basic hours wages earn	(1) ⊤	hat I pay or supervise the payment of the person	ons employed by		/-> EVOEDTION		10 00 11 30 00 11 4(5) BOIOW.
(Contractor or Subcontractor) USPS Lawton (Building or Work) 25 day of Nov. 2018, and ending the _01 day of _Dec. 2018 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly to or on behalf of said domakaba USA, Inc. (Contractor or Subcontractor) weekly wages samed by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person and that no deductions as defined in Regulations, Part 3 (26 C.R. Subtille A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948 Stat. 194. Stat. 19		dormakaba USA	A, Inc.	on the	(c) EXCEPTION	5	
Bullding or Work 2018 and ending the 01 day of Dec. 2018		A consequence of the contract	ractor)	on and	EXCEP	PTION (CRAFT)	EXPLANATION
25 day of Nov. 2018 and ending the 01 day of Dec. 2018 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either circuly or indirectly to or no behalf of said. (Contractor or Subcontractor) weekly wages earned by any person, other than permissible deductions have been made either directly or indirectly to contract the full wages earned by any person, other than permissible deductions. Part 3/28 C.F.R. Suittle A), Issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. § 3145), and described below. Union diues. (2) That any payrolis otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanic contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract, that the classifications set from the reflect of the subove period are correct and complete; that the wage rates of relation is an average determination incorporated into the contract, that the classifications set from the reflect of the subove period are done of th	7	NAME OF THE PERSON OF THE PERS	_; that during the payroll period comm	nencing on the			
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said dormakaba USA, Inc. (Contractor or Subcontractor) weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person and that no eductions have been made either directly or indirectly from the full wages earned by any person and that no person and that no eductions have been made either directly or indirectly from the full wages earned by any person and that no eductions have been made either directly or indirectly from the full wages earned by any person and that no eductions have been made either directly or indirectly from the full wages earned by any person and that no eductions have been or leading to the contract required to be submitted for the above period are correct and complete, that the wage rates of laborate or mechanic or in the basic hours wage rates or leading that the wage rates or laborate or mechanic contour with the water have been on the person or mechanic contour with the wage for person earned there is a state, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor, or in such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor, or in such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor, or in such recognized agency e	25	and the second s	01 Dec	2018			
domakaba USA, Inc. from the full (Contractor or Subcontractor) weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full vages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (26 C.P.R. Subtle 4), issued by the Secretary of Labor under the Copeland Act, as amended (46 Stat. 946. 63 Stat. 106, 72 Stat. 987, 76 Stat. 337, 40 U.S.C. § 3145), and described below. Union dues. (2) That any payrolis otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract, that the classifications set forth therein for each laborer or mechanic conform with the work he performed. (3) That any payrolise semployed in the above period are correct and complete; that the wage rates on size of the proporate into the contract, that the classifications set forth therein for each laborer or mechanic conform with the work he performed. (3) That any payrolise employed in the above period are contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed. (3) That any payrolise semployed in the above period are due to the classifications set forth therein of each payrolise to make the classification of the period of the perio	-						
(Contractor or Subcontractor) weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (28 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below. Union dues. (2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete, that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract, that the classifications est critch therein for each laborer or mechanic conform with the work he performed. (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bursau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bursau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bursau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bursau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bursau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bursau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bursau of Apprenticeship and Training, United States Department of Labor, or if no such recognized by the Bursau of Appr				ebates have			
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (28 C.F.R. Subtlet A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 946, 63 Stat. 198, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. § 3145), and described below. Union dues. (2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract, that the classifications set forth therein for each laborer or mechanic conform with the work he performed. (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship and Training, United States Department of Labor. or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor. or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized ag		PROPERTY AND A STATE OF THE PARTY OF THE PAR		from the full			
from the full wages earried by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issuitite A), issuitite A (18 Stut) by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948. 63 Stat. 108, 72 Stat. 967; 76 Stat. 367; 40 U.S.C. § 3145), and described below: Union dues. (2) That any payrolis otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract, that the classifications set forth therein for each laborer or mechanic conform with the work he performed. (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship and Training, United States Department of Labor. or if no such recognized gency exists in a State, are registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor. (4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS (b) (6) Payroll Specialist NAME AND TITLE (c) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS (d) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS (d) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS (d) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS (d) That: (e) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS (f) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS (f) That: (g) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS (have been or will be made to appropriate programs for the benefit of such employees, benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, benefits as listed in the co		(Contractor or Subcon	ntractor)				
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program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor. (4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS — in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees,	correct an applicable	d complete; that the wage rates for laborers or wage rates contained in any wage determination	r mechanics contained therein are no ion incorporated into the contract; tha	t less than the			
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS — in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees,	program re Training, U	egistered with a State apprenticeship agency re United States Department of Labor, or if no suc	ecognized by the Bureau of Apprentic ch recognized agency exists in a State	eship and			
		 (a) WHERE FRINGE BENEFITS ARE PAID TO in addition to the basic hourly way the above referenced payroll, pay have been or will be made to approximate the payroll. 	ge rates paid to each laborer or me ryments of fringe benefits as listed in ropriate programs for the benefit of su	chanic listed in the contract	(b) (6) Payroll Specialist THE WILLFUL FALSIFIC SUBCONTRACTOR TO CI	VIL OR CRIMINAL PROSECUTION	(b) (6) STATEMENTS MAY SUBJECT THE CONTRACTOR OR

PAYROLL

Wage and Hour Division

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

U.S. Wage and Hour Division

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Rev. Dec. 2008

	dormakaba USA, Inc.							ADDRESS 924 Sherwood Dr. Lake Bluff, IL 60044									OMB No. Expires:	: 1235-000 02/28/201			
PAYROLL NO. WK 02		FOR WEEK ENDIN		2/08/2	018					3	US P	CT AND LOCA ost Office S. Clark St.		igo, IL					OR CONTRAC		
(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER	OLDING (S)	(3)	OT. OR ST.	S		OAY AN	_	_	F	S	(5)	(6)		(7)			DED	(8) DUCTIONS			(9) NET
(e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	OT. 0		03 04 URS V			6 0 ACH I		08 . H	TOTAL HOURS	RATE OF PAY	AN	ROSS MOUNT ARNED	FICA	WITH- HOLDING TAX	STATE TAX		OTHER	TOTAL DEDUCTIONS	NET WAGES PAID FOR WEEK
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While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

Date	02/01/2019				
AND AND ADDRESS OF	(b) (6)	Devel Ade 111		(b) WHERE FRINGE BENEFITS ARE PAID II	N CASH
l,	(D) (O)	Payroll Administrato	r	☐ — Fach laborer or mechanic li	sted in the above referenced payroll has been paid,
de bessels	(Name of Signatory Party)	(Title)		as indicated on the payroll,	an amount not less than the sum of the applicable
do hereby st	state:			basic hourly wage rate plus in the contract, except as no	the amount of the required fringe benefits as listed
(1) Tha	at I pay or supervise the payment of the p	persons employed by			TO DOING!
	dormakaba l	JSA, Inc.	on the	(c) EXCEPTIONS	
	(Contractor or Subc	ontractor)	Gruie	EXCEPTION (CRAFT)	EXPLANATION
	USPS Lawton	; that during the payroll period comn	nencing on the		
02	(Building or Work)	00	0040		
	M. Of the second	nding the08_ day ofDec.	, _2018_		
all persons e been or will h	employed on said project have been paid be made either directly or indirectly to or	the full weekly wages earned, that no r on behalf of said	ebates have		
	dormakaba US	SA, Inc.	from the full		
	(Contractor or Sub	contractor)			
Union dues	s.				
				REMARKS:	
applicable was set forth ther	t any payrolls otherwise under this contro complete; that the wage rates for laborer wage rates contained in any wage determition for each laborer or mechanic conformation and payrentices employed in the above	s or mechanics contained therein are no nation incorporated into the contract; that n with the work he performed.	t less than the the classifications		
Program regi Training, Uni	gistered with a State apprenticeship agend nited States Department of Labor, or if no eau of Apprenticeship and Training, Unite	by recognized by the Bureau of Apprentic such recognized agency exists in a State	eshin and		
(4) That: (a)) WHERE FRINGE BENEFITS ARE PAID	TO APPROVED PLANS, FUNDS, OR F	PROGRAMS	NAME AND TITLE	SIGNATURE
	the above referenced payroll,	wage rates paid to each laborer or med payments of fringe benefits as listed in ppropriate programs for the benefit of suc below.	the contract	Payroll Specialist THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STA SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. 31 OF THE UNITED STATES CODE.	SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE

PAYROLL

Wage and Hour Division

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

U.S. Wage and Hour Division

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

Rev. Dec. 2008 NAME OF CONTRACTOR OR SUBCONTRACTOR 7 ADDRESS 924 Sherwood Dr. OMB No.: 1235-0008 Lake Bluff, IL 60044 dormakaba USA, Inc. Expires: 02/28/2018 PAYROLL NO. FOR WEEK ENDING PROJECT AND LOCATION PROJECT OR CONTRACT NO. WK 03 US Post Office 12/15/2018 GS-05P-13-SI-D-0086 211 S. Clark St., Chicago, IL (1) (2)(3) (4) DAY AND DATE (5) (6) (9) (8) DEDUCTIONS OF THHOLDING S M T W T F S NAME AND INDIVIDUAL IDENTIFYING NUMBER NET **GROSS** WITH-09 10 12 WAGES 13 14 15 (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY STATE WORK TOTAL RATE AMOUNT HOLDING TOTAL PAID TAX 📻 NUMBER) OF WORKER CLASSIFICATION HOURS WORKED EACH DAY HOURS OF PAY EARNED FICA TAX OTHER **DEDUCTIONS** FOR WEEK 0.00 0.00 0.00 0.00 0.00 0.00

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Public Burden Statement

Date 02/01/2019						
(b) (6)	Doursell Administrator		(b) WHERE FRI	NGE BENEFITS ARE PA	ID IN CASH	
(Name of Class steer Points)	Payroll Administrator		□-	Each laborer or mechan	nic listed in the above refer	renced payroll has been paid,
(Name of Signatory Party)	(Title)			as indicated on the payr	roll, an amount not less tha	an the sum of the applicable
do hereby state:					pius the amount of the requals noted in section 4(c) bel	uired fringe benefits as listed ow.
(1) That I pay or supervise the payment of the person	ons employed by		(a) EXCEPTION	•	sat reconstruction with A Wall	
dormakaba USA	, Inc.	on the	(c) EXCEPTION	5		
(Contractor or Subcontr	actor)	0.1 0.0	EXCEP	TION (CRAFT)	E	KPLANATION
	; that during the payroll period comm	encing on the				
(Building or Work) 09 doubt Dec. 2018	45 D	0040				
day of,, and ending	ng the15 day of Dec	,2018,				
all persons employed on said project have been paid the been or will be made either directly or indirectly to or on b	full weekly wages earned, that no re behalf of said	ebates have				
dormakaba USA,	POST TO THE POST OF THE POST O	from the full				
(Contractor or Subcon	tractor)					
from the full wages earned by any person, other than peri 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3144 Union dues.	runder the Copeland Act, as amende	d (48 Stat. 948,	REMARKS:			
(2) That any payrolls otherwise under this contract of correct and complete; that the wage rates for laborers or applicable wage rates contained in any wage determination set forth therein for each laborer or mechanic conform with (3) That any apprentices employed in the above period program registered with a State apprenticeship agency responding. United States Department of Labor, or if no such with the Bureau of Apprenticeship and Training, United States (4) That:	mechanics contained therein are not on incorporated into the contract; that the work he performed. In a bona fide a secognized by the Bureau of Apprention hereognized agency exists in a State	t less than the the classifications apprenticeship eship and				
(a) WHERE FRINGE BENEFITS ARE PAID TO	APPROVED PLANS, FLINDS OR F	ROGRAMS	NAME AND TITLE		SIGNATURE	Λ
			(b) (6)		(h) (6)	
 in addition to the basic hourly was 	ge rates paid to each laborer or med	hanic listed in	Payroll Specialist	_	(D)	
the above referenced payroll, pay have been or will be made to appro except as noted in section 4(c) belong except as noted in section 4(c) belong the above referenced payroll, pay have above referenced payroll, pay have above referenced payroll, pay have been or will be made to approximate the above referenced payroll, pay have been or will be made to approximate the above referenced payroll, pay have been or will be made to approximate the above the a	ments of fringe benefits as listed in opriate programs for the benefit of suc ow.	the contract ch employees,	THE WILLFUL FALSIFIC SUBCONTRACTOR TO CIV 31 OF THE UNITED STATE	VIL OR CRIMINAL PROSECUT	E STATEMENTS MAY SUBJECT TION, SEE SECTION 1001 OF TI	THE CONTRACTOR OR TLE 18 AND SECTION 231 OF TITLE

PAYROLL

Wage and Hour Division

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

U.S. Wage and Hour Division

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Public Burden Statement

	ki.		
	n		
Data 02/01/2019			
Date(b) (6)		(b) WHERE FRINGE BENEFITS ARE PAID IN (CASH
I, (b) (c)	Payroll Administrator	☐ − Each laborer or mechanic liste	d in the above referenced payroll has been paid,
(Name of Signatory Party) do hereby state:	(Title)	as indicated on the payroll, an	amount not less than the sum of the applicable amount of the required fringe benefits as listed
	5 05 W	in the contract, except as note	
(1) That I pay or supervise the payment of the persons		(c) EXCEPTIONS	
dormakaba USA, Ir (Contractor or Subcontract	on the	EVOEDTION (ODAET)	5V51.111.501
LICDO I austra	nat during the payroll period commencing on the	EXCEPTION (CRAFT)	EXPLANATION
(Building or Work)	1258		
A CONTRACTOR OF THE PROPERTY O	ne 22 day of Dec. , 2018 ,		
all persons employed on said project have been paid the full been or will be made either directly or indirectly to or on beha	weekly wages earned, that no rebates have alf of said		
dormakaba USA, Inc	from the full		
(Contractor or Subcontractor)	ctor)		
weekly wages earned by any person and that no deductions from the full wages earned by any person, other than permis 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor un 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), a	sible deductions as defined in Regulations, Part der the Copeland Act, as amended (48 Stat. 948		
Union dues.			
		-	
		REMARKS:	
(2) That any payrolls otherwise under this contract requ	ired to be submitted for the above period are		
correct and complete; that the wage rates for laborers or me applicable wage rates contained in any wage determination in set forth therein for each laborer or mechanic conform with the	chanics contained therein are not less than the noorporated into the contract; that the classifications		
(3) That any apprentices employed in the above period a program registered with a State apprenticeship agency recog Training, United States Department of Labor, or if no such re with the Bureau of Apprenticeship and Training, United State	gnized by the Bureau of Apprenticeship and cognized agency exists in a State, are registered		
(4) That:			
(a) WHERE FRINGE BENEFITS ARE PAID TO AF	PPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE	SIGNATURE
	ates paid to each laborer or mechanic listed in	Payroll Specialist	(D) (D)
the above referenced payroll, payme	nts of fringe benefits as listed in the contract ate programs for the benefit of such employees,	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATI SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SE 31 OF THE UNITED STATES CODE.	

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Wage and Hour Division

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U.S. Wage and Hour Division Rev. Dec. 2008

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	dormakaba USA, Inc.								ADDRESS 924 Sherwood Dr. Lake Bluff, IL 60044						0	OMB No.: 1235-000 Expires: 02/28/2018		
PAYROLL NO. WK 05		FOR WEEK ENDING		2/29/2018				US F	CT AND LOCAT Post Office S. Clark St.,			E			OR CONTRAC			
(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER	DLDING (C)	(3)	OR ST.	(4) DA	Y AND	DATE T	F S	(5)	(6)	(7)			DED	(8) DUCTIONS			(9) NET	
(e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	OT. OR	23 24 25 HOURS WO		27 2 EACH		TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	STATE TAX		OTHER	TOTAL DEDUCTIONS	NET WAGES PAID FOR WEEK	
			o	0.00 0.00 0.00	0.00	0.00 0.	.00 0.0	0										
			o															
		e a	0												2			
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			o s			-												
			0								_			-				
			s															

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

Date 02/01/2019			
(b) (6)	D	(b) WHERE FRINGE BENEFITS ARE PAID IN	CASH
I,(D) (O)	Payroll Administrator	— — Each laborer or mechanic lis	ted in the above referenced payroll has been paid,
(Name of Signatory Party)	(Title)	as indicated on the payroll, a	an amount not less than the sum of the applicable
do hereby state:	iii	basic hourly wage rate plus t in the contract, except as no	the amount of the required fringe benefits as listed
(1) That I pay or supervise the payment of the person	ns employed by	in the whitact, except as no	ted in Section 4(c) below.
dormakaba USA.	Inc	(c) EXCEPTIONS	
(Contractor or Subcontra		on the EXCEPTION (CRAFT)	EVELANATION
HODO It	**************************************	And the control of th	EXPLANATION
(Building or Work)	that during the payroll period commencing o	n the	
	the 29 day of Dec. 20	018	
all persons employed on said project have been paid the fubeen or will be made either directly or indirectly to or on be	ull weekly wages earned, that no rebates ha	ave	
dormakaba USA, In	1C. from	the full	
(Contractor or Subcontr			
weekly wages earned by any person and that no deductio from the full wages earned by any person, other than perm 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor to 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145) Union dues.	nissible deductions as defined in Regulations under the Copeland Act, as amended (48 St.	Part	
(2) That any payrolls otherwise under this contract re- correct and complete; that the wage rates for laborers or n applicable wage rates contained in any wage determination set forth therein for each laborer or mechanic conform with	mechanics contained therein are not less than incorporated into the contract; that the class	in the	
(3) That any apprentices employed in the above period program registered with a State apprenticeship agency red Training, United States Department of Labor, or if no such with the Bureau of Apprenticeship and Training, United States	d are duly registered in a bona fide apprentice cognized by the Bureau of Apprenticeship and recognized agency exists in a State, are regi	1	
(4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO A	APPROVED PLANS, FUNDS, OR PROGRA	MS NAME AND TITLE	SIGNATURE
the above referenced payroll, payr	e rates paid to each laborer or mechanic list ments of fringe benefits as listed in the con priate programs for the benefit of such employ w.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STA	TEMENTS MAY SUBJECT THE CONTRACTOR OR SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE

OR SUBCONTRACTOR [7]

PAYROLL

Wage and Hour Division

NAME OF CONTRACTOR

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

U.S. Wage and Hour Division

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

ADDRESS

924 Sherwood Dr.

OMB No.: 1235-0008

		aba USA, Inc.			.54		ADDRES	924 Sher Lake Blut	wood Dr. ff, IL 60044						OMB No. Expires:	: 1235-0008 02/28/2018
PAYROLL NO. WK 06	WK 06 01/05/2019			PROJECT AND LOCATION PROJECT OR CONTRACT NO. US Post Office 211 S. Clark St., Chicago, IL GS-05P-13-SI-D-0086												
(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER	NO, OF WITHHOLDING (X) EXEMPTIONS	(3)	S M	DAY AND	T F	+-	(5)	(6)	(7)			DEC	(8) DUCTIONS			(9) NET
(e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	NO. OF WITHE EXEMP	WORK CLASSIFICATION		01 02 WORKEE	03 04 EACH D		TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	STATE TAX	3	OTHER	TOTAL DEDUCTIONS	WAGES PAID
			S 0.00 0.00 0	0.00	0.00 0.00	0.00										
			0													
			s	+												
			s		47											
			0 8													
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			0													
		E	s													
			s	+												

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

Date02/01/2019			/N WILEDE EDINGE BENEFITO ADE DAID IN	04811
(b) (6)	Payroll Administrator		(b) WHERE FRINGE BENEFITS ARE PAID IN	CASH
(Name of Signatory Party)	(Title)		 Each laborer or mechanic list 	ted in the above referenced payroll has been paid,
do hereby state:	(Tide)			n amount not less than the sum of the applicable he amount of the required fringe benefits as listed
(1) That I pay or supervise the payment of the per	mone employed by		in the contract, except as not	ted in section 4(c) below.
			(c) EXCEPTIONS	
dormakaba US (Contractor or Subcor	N.	on the	4. 10. Li 00/4	
USPS Lawton			EXCEPTION (CRAFT)	EXPLANATION
(Building or Work)	; that during the payroll period comm	encing on the —		
3	ding the05 day ofJan.	2019		
all persons employed on said project have been paid the been or will be made either directly or indirectly to or or	e full weekly wages earned, that no re behalf of said	bates have		
dormakaba USA	, Inc.	from the full		
(Contractor or Subco	ontractor)			
weekly wages earned by any person and that no dedu from the full wages earned by any person, other than p 3 (29 C.F.R. Subtitle A), issued by the Secretary of Lat 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 31 Union dues.	ermissible deductions as defined in Reg or under the Copeland Act, as amende	gulations, Part d (48 Stat. 948,	:MARKS:	
the above referenced payroll, p	or mechanics contained therein are not ation incorporated into the contract; that with the work he performed. In a bona fide a recognized by the Bureau of Apprentice ach recognized agency exists in a State. States Department of Labor. If APPROVED PLANS, FUNDS, OR Plage rates paid to each laborer or mechangements of fringe benefits as listed in propriate programs for the benefit of suc	less than the the classifications pprenticeship aship and are registered ROGRAMS manic listed in the contract the mployees.	ME AND TITLE (6) Ayroll Specialist E WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATES CODE. OF THE UNITED STATES CODE.	SIGNATURE (6) EE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE

PAYROLL

Wage and Hour Division

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

U.S. Wage and Hour Division

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

Rev. Dec. 2008 OR SUBCONTRACTOR \$\sqrt{} NAME OF CONTRACTOR ADDRESS 924 Sherwood Dr. OMB No.: 1235-0008 Lake Bluff, IL 60044 Expires: 02/28/2018 dormakaba USA, Inc. PAYROLL NO. FOR WEEK ENDING PROJECT AND LOCATION PROJECT OR CONTRACT NO. **US Post Office** WK 07 01/12/2019 GS-05P-13-SI-D-0086 211 S. Clark St., Chicago, IL (1) (2) (3) (4) DAY AND DATE (9) (8) DEDUCTIONS NO. OF WITHHOLDING EXEMPTIONS M T W T F S NET NAME AND INDIVIDUAL IDENTIFYING NUMBER 07 GROSS WITH-WAGES 08 09 10 11 12 (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY STATE WORK TOTAL RATE AMOUNT HOLDING TOTAL TAX . PAID NUMBER) OF WORKER CLASSIFICATION HOURS WORKED EACH DAY HOURS OF PAY EARNED FICA TAX OTHER DEDUCTIONS FOR WEEK \$384.40 CARPENTER \$294.05 \$624.67 \$190.28 1 \$175.35 \$1,284.35 \$2,559.65 8.00 48.05 8.00 \$3,844.00 \$384.40 CARPENTER 0 \$294.06 \$663.43 \$190.28 \$175.35 \$1,323.12 \$2,520.88 48.05 8.00 8.00 \$3,844.00

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly" a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

Date 02/01/2019				
(b) (6)	Payroll Administrator	(b) WHERE FRING	GE BENEFITS ARE PAID IN CA	ASH
I,(D) (O)	Payroll Administrator	□ - E	Each laborer or mechanic listed	in the above referenced payroll has been paid,
(Name of Signatory Party) do hereby state:	(Title)	a b	as indicated on the payroll, an a pasic hourly wage rate plus the	amount not less than the sum of the applicable amount of the required fringe benefits as listed
(1) That I pay or supervise the payment of the pers	sons employed by	ir	n the contract, except as noted	in section 4(c) below.
dormakaba US		(c) EXCEPTIONS		
(Contractor or Subcont	on the			
		EXCEPTION	ON (CRAFT)	EXPLANATION
(Building or Work)	_; that during the payroll period commencing on the			
	ing the 12 day of Jan. 2019			
all persons employed on said project have been paid the been or will be made either directly or indirectly to or on	e full weekly wages earned, that no rebates have			
dormakaba USA,	Inc. from the full			
(Contractor or Subco				
3 (29 C.F.R. Subtitle A), issued by the Secretary of Labo 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 314 Union dues.	45), and described below:			
(2) That any payrolls otherwise under this contract correct and complete; that the wage rates for laborers o applicable wage rates contained in any wage determinative set forth therein for each laborer or mechanic conform where the conforminative set forth therein for each laborer or mechanic conforminative set forth therein for each laborer or mechanic conforminative set forth therein for each laborer or mechanic conforminative set forth therein for each laborer or mechanic conforminative set forth the set for the set of	r mechanics contained therein are not less than the ion incorporated into the contract; that the classifications ith the work he performed. iod are duly registered in a bona fide apprenticeship ecognized by the Bureau of Apprenticeship and the recognized agency exists in a State, are registered to recognized agency exists in a State.	REMARKS:		
(4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO in addition to the basic hourly wa the above referenced payroll, pa	O APPROVED PLANS, FUNDS, OR PROGRAMS ge rates paid to each laborer or mechanic listed in yments of fringe benefits as listed in the contract ropriate programs for the benefit of such employees.	NAME AND TITLE (b) (6) Payroll Specialist THE WILLFUL FALSIFICATI SUBCONTRACTOR TO CIVIL 31 OF THE UNITED STATES OF	ION OF ANY OF THE ABOVE STA OR CRIMINAL PROSECUTION, SEE 8	SMATURE 6 SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE

Wage and Hour Division (For Contractor's Ontional Uses See Instance

PAYROLL



(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. Rev. Dec. 2008 OR SUBCONTRACTOR 7 NAME OF CONTRACTOR 924 Sherwood Dr. OMB No.: 1235-0008 Lake Bluff, IL 60044 Expires: 02/28/2018 dormakaba USA, Inc. PAYROLL NO. FOR WEEK ENDING PROJECT AND LOCATION PROJECT OR CONTRACT NO. WK 08 **US Post Office** 01/19/2019 GS-05P-13-SI-D-0086 211 S. Clark St., Chicago, IL (1) (3) (4) DAY AND DATE (9) (8) DEDUCTIONS OF THHOLDING S W T F M MET NAME AND INDIVIDUAL IDENTIFYING NUMBER **GROSS** 13 14 15 16 17 18 WAGES 19 (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY STATE WORK TOTAL RATE AMOUNT HOLDING N XX TAX T PAID NUMBER) OF WORKER CLASSIFICATION HOURS WORKED EACH DAY HOLIRS OF PAY EARNED FICA TAX OTHER DEDUCTIONS FOR WEEK \$144.15 CARPENTER \$294.06 \$190.28 1 \$624.67 \$175.35 \$1,284.36 \$2,559.64 3.00 3.00 48.05 \$3.844.00 \$144.15 CARPENTER 0 \$294.06 \$175.35 \$663.43 \$190.28 \$1,323.12 \$2,520.88 3.00 3.00 48.05 \$3,844.00

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Public Burden Statement

Date 02/01/2019					
(b) (6)	D		(b) WHERE FRI	INGE BENEFITS ARE PAI	D IN CASH
(b) (b)	Payroll Administrate	or	П-	Each laborer or mechani	c listed in the above referenced payroll has been paid,
(Name of Signatory Party)	(Title)			as indicated on the payro	oll, an amount not less than the sum of the applicable
do hereby state:					lus the amount of the required fringe benefits as listed s noted in section 4(c) below.
(1) That I pay or supervise the payment of the per-	sons employed by			in the contract, except as	s noted in section 4(c) below.
dormakaba US			(c) EXCEPTION	IS	
(Contractor or Subcon		on the	EVOE	OTION (ODAET)	EVELANATION
USPS Lawton	15		EXCE	PTION (CRAFT)	EXPLANATION
(Building or Work)	_; that during the payroll period com	mencing on the			
	ing the19 _ day of Jan.	2019			
all persons employed on said project have been paid the been or will be made either directly or indirectly to or on	e full weekly wages earned, that no	rebates have			
dormakaba USA	, Inc.	from the full			
(Contractor or Subco	ntractor)	nom the idn			
weekly wages earned by any person and that no deduction the full wages earned by any person, other than person and the full wages earned by any person, other than person and the full wages earned by any person and that no deduction the full wages earned by any person and that no deduction the full wages earned by any person and that no deduction the full wages earned by any person and that no deduction the full wages earned by any person and that no deduction the full wages earned by any person and that no deduction the full wages earned by any person and that no deduction the full wages earned by any person and that no deduction the full wages earned by any person and that no deduction the full wages earned by any person and the full wages earned by any p	ermissible deductions as defined in R	equilations Part	-		
3 (29 C.F.R. Subtitle A), issued by the Secretary of Lab 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 31	or under the Copeland Act, as amend 45), and described below:	ded (48 Stat. 948,			
Union dues.			\(\frac{1}{2}\)		
			REMARKS:		
(O. T.)					
(2) That any payrolls otherwise under this contract correct and complete; that the wage rates for laborers of applicable wage rates contained in any wage determinal set forth therein for each laborer or mechanic conform was applied to the conform of the conformation.	or mechanics contained therein are notion incorporated into the contract: that	ot less than the			
(3) That any apprentices employed in the above per program registered with a State apprenticeship agency Training, United States Department of Labor, or if no su with the Bureau of Apprenticeship and Training, United	recognized by the Bureau of Apprenti ch recognized agency exists in a Stat	ceship and			
(4) That:					
(a) WHERE FRINGE BENEFITS ARE PAID T	O APPROVED PLANS, FUNDS, OR	PROGRAMS	NAME AND TITLE		SIGNATURE
[7]			(b) (6)		(h) (6)
 in addition to the basic hourly was 	age rates paid to each laborer or me	chanic listed in	Payroll Specialist		(D)(O)
the above referenced payroll, pay have been or will be made to app except as noted in section 4(c) be	ayments of fringe benefits as listed in propriate programs for the benefit of suppose.	in the contract uch employees,			STATUS ON SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE

Wage and Hour Division

PAYROLL



(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. Rev. Dec. 2008 NAME OF CONTRACTOR OR SUBCONTRACTOR ADDRESS 5500 W. Hutchinson Street OMB No.:1235-0008 Chicago, IL 60641 MJ Erectors, Inc. Expires: 04/30/2021 PAYROLL NO. FOR WEEK ENDING PROJECT AND LOCATION Revolving Door Rehab PROJECT OR CONTRACT NO. 1- last 01/06/2019 US Post office, 211 S. Clark Street Chicago, IL 60604 #GS-05P-13-SI-D-0086 project #292/ (1) (3) (4) DAY AND DATE (9) DEDUCTIONS 1/2 1/3 1/4 1/5 1/6 NET NAME AND INDIVIDUAL IDENTIFYING NUMBER GROSS WITH-M T W F S Local #1 Locla #63 WAGES (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY TOTAL RATE **AMOUNT** HOLDING TOTAL Union Union PAID NUMBER) OF WORKER CLASSIFICATION HOURS WORKED EACH DAY HOURS OF PAY **EARNED** FICA TAX deductiond deductions OTHER DEDUCTIONS FOR WEEK Local 1 Ironworker \$170.49 0.00 0:00 0.00 0:00 0.00 0.00 \$56.83 forman \$16.92 \$15.12 \$32.04 \$138,45 3.00 0.00 0.00 56.83 3.00 0.00 0.00 0.00 0.00 Local 63 Ironworker \$100.92 0.00 0.00 0.00 0.00 0.00 \$33.64 0 \$15.50 \$5.10 \$20.60 \$80.32 3.00 0.00 33.64 0.00 0.00 0.00 0.00 0.00 3.00

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

Date1/21/2019		(b) WHERE FRINGE BENEFITS ARE PAID IN	ICASH					
Jody Guidi	Secretary Board of Directors							
(Name of Signatory Party) (Title) do hereby state:		 Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed 						
(1) That I pay or supervise the payment of the MJ Erecto		in the contract, except as not (c) EXCEPTIONS	ted in section 4(c) below.					
(Contractor or Sub Revolving Door Rehab (Building or Work)	on the	EXCEPTION (CRAFT)	EXPLANATION					
all persons employed on said project have been paid been or will be made either directly or indirectly to o	d the full weekly wages earned, that no rebates have ron behalf of said							
MJ Erectors (Contractor or Su	from the full							
from the full wages earned by any person, other tha	eductions have been made either directly or indirectly n permissible deductions as defined in Regulations, Part Labor under the Copeland Act, as amended (48 Stat. 948, § 3145), and described below:							
correct and complete; that the wage rates for labore applicable wage rates contained in any wage determ set forth therein for each laborer or mechanic confo (3) That any apprentices employed in the above program registered with a State apprenticeship age Training, United States Department of Labor, or if n with the Bureau of Apprenticeship and Training, United States Department of Labor, or if n with the Bureau of Apprenticeship and Training, United States Department of Labor, or if n with the Bureau of Apprenticeship and Training, United States Department of Labor, or if n with the Bureau of Apprenticeship and Training, United States Department of Labor, or if n with the Bureau of Apprenticeship and Training, United States Department of Labor, or if n with the Bureau of Apprenticeship and Training, United States Department of Labor, or if n with the Bureau of Apprenticeship and Training, United States Department of Labor, or if n with the Bureau of Apprenticeship and Training, United States Department of Labor, or if n with the Bureau of Apprenticeship and Training, United States Department of Labor, or if n with the Bureau of Apprenticeship and Training, United States Department of Labor, or if n with the Bureau of Apprenticeship and Training, United States Department of Labor, or if n with the Bureau of Apprenticeship and Training, United States Department of Labor, or if n with the Bureau of Apprenticeship and Training, United States Department of Labor, or if n with the Bureau of Apprenticeship and Training, United States Department of Labor, or if n with the Bureau of Apprenticeship and Training	e period are duly registered in a bona fide apprenticeship ncy recognized by the Bureau of Apprenticeship and o such recognized agency exists in a State, are registered	REMARKS: End of Job 12/31/2018						
in addition to the basic hourly the above referenced payrole.	ID TO APPROVED PLANS, FUNDS, OR PROGRAMS y wage rates paid to each laborer or mechanic listed in I, payments of fringe benefits as listed in the contract appropriate programs for the benefit of such employees, c) below.	NAME AND TITLE JODY Guidi Secretary Board of Directors THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STA SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. S 31 OF THE UNITED STATES CODE.	SIGNATURE (b) (6) SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE					

OR SUBCONTRACTOR

Wage and Hour Division

NAME OF CONTRACTOR

PAYROLL



(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

ADDRESS 2100 S. Wabash Ave
Chicago, IL 60616

Chicago, IL 60616

Rev. Dec. 2008

OMB No.:1235-0008

Expires: 04/30/2021

W. R. Weis Company, Inc.							Chicago, IL 60616							Expires: 04/30/2021						
PAYROLL NO. 10 FOR WEEK ENDING 02/03/2019						PROJEC Revo 211 S	CT AND LOCAT Iving Door F S. Clark Stre	rion Rehab-US Po et, Chicago,	PROJECT OR CONTRACT NO. Subcontract #1925 - 97884											
(1)		(3)	RST.	Mon	-		AND	-	Sat	Sun	(5)	(6)	(7)			DED	(8) DUCTIONS			(9) NET
NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	ITY [호ː 프 WORK 5 1/28 1/29 1/30 1/31 2/1 2/2 2/3 TOTAL RATE AN	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	State WH Tax		OTHER	TOTAL DEDUCTIONS	WAGES											
NO WORK PERFORMED					-		-				/									
	\forall		0			Ħ		1		1										
			s										/_							
			o	+	\dashv	+	-	+	+	+			/							
			0				1		1	1			/							
			s						4				/_							
			0	-	+	+	+	+	+	+	-		/							
			0					1												
			s						1				/					-		
			o	-	+	+	+		+	+	-		/							
			0											,						
			s																	

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the Information collection contractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DDL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the contracting process to submit weekly a statement of Compliance" indicating that the payrolls are correct or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DDL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and firinge benefits.

Public Burden Statement

Date	2/26/19		/// WHERE EDINO	C DEMERITO ADE DAID I	N OAGU					
-	(b) (6)	Project Assistant	(b) WHERE FRINGE	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH						
l,	(Name of Signatory Party)		 Each laborer or mechanic listed in the above referenced payroll has been paid 							
do hereb		(Title)		as indicated on the payroll, an amount not less than the sum of the applical basic hourly wage rate plus the amount of the required fringe benefits as lis						
			in	the contract, except as no	oted in section 4(c) below.					
(1)	That I pay or supervise the payment of the p		(c) EXCEPTIONS							
	W. R. Weis Cor (Contractor or Subc	00.1								
Po			EXCEPTIO	N (CRAFT)	EXPLANATION					
ne	(Building or Work)	; that during the payroll period commencing on the	ne							
28th		nding the 3rd day of February , 2019								
	,,,	the full weekly wages earned, that no rebates have	-,							
	W. R. Weis Comp	eany, Inc.	£.0							
	(Contractor or Sub	contractor) from the	Tuli							
weekly w	ages earned by any person and that no dec	uctions have been made either directly or indirectly								
3 (29 C.F	full wages earned by any person, other than F.R. Subtitle A), issued by the Secretary of La 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. §	permissible deductions as defined in Regulations, Pa abor under the Copeland Act, as amended (48 Stat. 9 3145), and described below:	art							
-			2							
			REMARKS:		S					
correct ar	nd complete; that the wage rates for laborers	act required to be submitted for the above period are sor mechanics contained therein are not less than the ation incorporated into the contract; that the classific with the work he performed.								
program (Training,	registered with a State apprenticeship agend	period are duly registered in a bona fide apprenticesh y recognized by the Bureau of Apprenticeship and such recognized agency exists in a State, are registe d States Department of Labor.								
(4) T		TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE		SIGNATURE					
		TO AFFROYED PLANS, FUNDS, OR PROGRAMS		t Assistant						
	the above referenced payroll,	wage rates paid to each laborer or mechanic listed payments of fringe benefits as listed in the contra propriate programs for the benefit of such employee below.	in THE WILLFUL FALSIFICATION	R CRIMINAL PROSECUTION. S	TLE					

Wage and Hour Division

PAYROLL



(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

Rev. Dec. 2008

NAME OF CONTRACTOR OR SUBCONTE		Zompany, Inc.								ADDRE	SS 2100 Chica	S. V go,	Vabash Ave IL 60616						OMB No. Expires: (:1235-0008 04/30/2021
PAYROLL NO.		FOR WEEK ENDI	02/10/2019 (3) (4) DAY AND DATE					PROJE Revo	CT AND LOC dving Doc S. Clark S	cation Residence	on ehab-US Pos et, Chicago, IL	t Office 60604				OR CONTRAC tract #1925				
(1)	(2) SNIQ SNIQ	(3)	Mon Tue Wed Thur Fri Sat Sun				(5)	(6)		(7)			DEC	(8) DUCTIONS			(9) NET			
NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	OT. OF		2/5 2 OURS		77 2,	2/3 ACH D	9 2/1 DAY	TOTAL HOURS	RATE OF PAY		GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	State WH Tax		OTHER	TOTAL DEDUCTIONS	NET WAGES PAID FOR WEEK
NO WORK PERFORMED			o			+	+	-												
			0					t	1											
_	+		s	-	+	+	+	+	+											
			s																	
			0																	
			s o	+	+	+	+	+	-			-								-
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	\forall		0		1	+	t	1		\Box		1								_
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While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the weges paid each employee during the preceding week." U.S. Department of Labor (DDL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete the contracting agencies receiving this information review the information to determine that employees have received legally require contracting agencies receiving this information review the information to determine that employees have received legally require contracting agencies receiving this information review the information to determine that employees have received legally require contracting agencies receiving this information review the information to determine that employees have received legally require contracting agencies receiving this information review the information to determine that employees have received legally require contracting agencies receiving this information review the information to determine that employees have received legally require contracting agencies received the contracting agencies received the contracting that the payrolls are contracting to the contracting that the payrolls are contracting that the payrolls are contracting to the contracting that the p

Public Burden Statement

I(b) (6) (Name of Signatory Party) do hereby state: (1) That I pay or supervise the payment of the pers		as indicated on the pay basic hourly wage rate	AID IN CASH nic listed in the above referenced payroll has been paid roll, an amount not less than the sum of the applicable plus the amount of the required fringe benefits as listed as noted in section 4(c) below.
W. R. Weis Compa (Contractor or Subcont	on the		EVELAMATION
Revolving Door Rehab-US Post Office (Building or Work)	; that during the payroll period commencing on the	EXCEPTION (CRAFT)	EXPLANATION
4th day of February, 2019, and ending all persons employed on said project have been paid the been or will be made either directly or indirectly to or on the said project.	full weekly wages earned, that no rebates have		
W. R. Weis Compan	y, Inc. from the full		
(Contractor or Subcor			
weekly wages earned by any person and that no deduct from the full wages earned by any person, other than per 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labo 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 314	missible deductions as defined in Regulations, Part runder the Copeland Act, as amended (48 Stat. 948,		
-			
7			
		REMARKS:	
(2) That any payrolls otherwise under this contract correct and complete; that the wage rates for laborers or applicable wage rates contained in any wage determinati set forth therein for each laborer or mechanic conform with	mechanics contained therein are not less than the on incorporated into the contract; that the classifications		
(3) That any apprentices employed in the above peri- program registered with a State apprenticeship agency re Training, United States Department of Labor, or if no suc with the Bureau of Apprenticeship and Training, United S	ecognized by the Bureau of Apprenticeship and h recognized agency exists in a State, are registered		
(4) That:	APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE	SIGNATURE
 in addition to the basic hourly was the above referenced payroll, pay 	ge rates paid to each laborer or mechanic listed in rments of fringe benefits as listed in the contract opriate programs for the benefit of such employees,	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVI SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION OF THE UNITED STATES CODE.	(b) (6)

Wage and Hour Division

PAYROLL



(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of Information unless it displays a currently valid OMB control number.

Rev. Dec. 2008

_	W. R. Weis Company, Inc. FOR WEEK ENDING 02/17/2019								Chicago	Wabash Ave , IL 60616							OMB No Expires:	.:1235-0008 04/30/2021			
PAYROLL NO. 12		FOR WEEK ENDI	FOR WEEK ENDING					PRO Re 21	DJEC VOIN	T AND LOCAT ving Door F . Clark Stre	rion Rehab-US Peet, Chicago,	ost	Office 60604				CT OR CONTR Ontract #19				
(1)	(2) SNO	(3)	ST.	Mon	_	_	-	_	Sat S	(5)		(6)	(7)				DED	(8) DUCTIONS			(9)
NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	OT. OR ST.	2/11	2/12		2/14 2	2/15 2	16 2/	17 TOT.	AL RS	RATE OF PAY	GROSS AMOUNT EARNED		FICA	WITH- HOLDING TAX	State WH Tax		OTHER	TOTAL DEDUCTION	WAGES PAID FOR WEEK
NO WORK PERFORMED	П		o								+		/								
			0								1			1							
			s				-	1		1	+			+							
			s			+	1	+	+	1	+		/								
			0								I		/	1							
	H		s			-	+	1	-	+	+			1							-
			s					Ì	1	-	1		/								
			0								I		/	1							
			s				+	+	+	-	+			-					+		
			s						1				/								
			0						1				/	1							
			s																		

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DDL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are comed to the payrolls are comed to the proper Davis-Bacon prevailing wage rate for the work performed. DDL and federal contracting agencies receiving this information to determine that employees have received legally require wages and fringe benefits.

Public Burden Statement

(Name of Signatory Party) do hereby state: (1) That I pay or supervise the payment of the persons employed by	ect Assistant (Title)	as indicated on the payroll,	sted in the above referenced payroll has been paid, an amount not less than the sum of the applicable the amount of the required fringe benefits as listed
W. R. Weis Company, Inc. (Contractor or Subcontractor)	on the	EXCEPTION (CRAFT)	EXPLANATION
(Building or Work)	rroll period commencing on the		
11th day of February , 2019 , and ending the 17 day of all persons employed on said project have been paid the full weekly wages exbeen or will be made either directly or indirectly to or on behalf of said			
W. R. Weis Company, Inc.	from the full		
(Contractor or Subcontractor)			
weekly wages earned by any person and that no deductions have been made from the full wages earned by any person, other than permissible deductions 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described be	as defined in Regulations, Part d Act, as amended (48 Stat. 948,		
5			
a	 [
<u> </u>		REMARKS:	*
(2) That any payrolls otherwise under this contract required to be submit correct and complete; that the wage rates for laborers or mechanics contains applicable wage rates contained in any wage determination incorporated into t set forth therein for each laborer or mechanic conform with the work he perfor	ed therein are not less than the the contract; that the classifications		
(3) That any apprentices employed in the above period are duly registered program registered with a State apprenticeship agency recognized by the Bur Training, United States Department of Labor, or if no such recognized agency with the Bureau of Apprenticeship and Training, United States Department of	eau of Apprenticeship and rexists in a State, are registered		
(4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS	S, FUNDS, OR PROGRAMS	NAME AND TITLE	SIGNATURE
 in addition to the basic hourly wage rates paid to each the above referenced payroll, payments of fringe ben have been or will be made to appropriate programs for except as noted in section 4(c) below. 	n laborer or mechanic listed in lefits as listed in the contract the benefit of such employees.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STA SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. S 31 OF THE UNITED STATES CODE.	

Wage and Hour Division

PAYROLL



(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

Rev. Dec. 2008

NAME OF CONTRACTOR OR SUBCONTI		Company, Inc. FOR WEEK ENDING 02/24/2019					ADDRI	ESS 2100 S Chicag		OMB No.:1235-0008 Expires: 04/30/2021									
PAYROLL NO. 13	10	FOR WEEK ENDIN	OR WEEK ENDING						PROJE Rev	ECT AND LOCA olving Door S. Clark Str	ATION Rehab-US Pos reet, Chicago, I	st Office L 60604				OR CONTRAC ract #1925			
(1)	(2) SNO	(3)	RST.	Mon	(4) D/	1	1	-	at Sun	(5)	(6)	(7)			DED	(8) UCTIONS			(9) NET
NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	OT. OR	2/18 H	2/19 2/20 OURS W		1		-	TOTAL	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	State WH Tax	Dues	OTHER	TOTAL DEDUCTIONS	WAGES PAID
(b) (6)	3	Marble Setter	o		-	8.00		-	-	8.00	45.43	\$363.44	\$27.81	\$5.57	\$17.99	\$19.44		\$70.81	\$292.63
	3	Marble Finisher	0									\$363.44 \$360.00	\$27.54	\$0.00	\$11.47	\$18.36		\$57.37	\$302.63
			s		1	8.00	1.00	0		9.00	40.00	\$360.00	\$27.54	\$0.00	φ11.47	\$10.30		937.37	\$302.03
			0		+	L	-	-	+			-							
	\vdash		0		+		-	+	+										
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While completion of Form WH-347 is aptional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correctly and complete and complete and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

I,(Name of Signatory Party) do hereby state: (1) That I pay or supervise the payment of the personal supervise the payment of the persona				as indicated on the payroll, basic hourly wage rate plus in the contract, except as n	sted in the above referenced payrol! has been paid, an amount not less than the sum of the applicable the amount of the required fringe benefits as listed
W. R. Weis Comp (Contractor or Subcon		on the			T
Develoing Deer Debah HC Deet Office	; that during the payroll period commend	cing on the	EXCEPT	TION (CRAFT)	EXPLANATION
(Building or Work)	ng the17day of February	2019			
all persons employed on said project have been paid the been or will be made either directly or indirectly to or on	full weekly wages earned, that no rebat	tes have			
W. R. Weis Compar	ny, Inc.	5 th 5-11			
(Contractor or Subco		from the full			
weekly wages earned by any person and that no deduc from the full wages earned by any person, other than pe 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labo	rmissible deductions as defined in Regula	ations Part			
63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 314	5), and described below:	70 0141. 070,			
S-					
		 :c			
Ġ		— [
			REMARKS:		
(2) That any payrolls otherwise under this contract correct and complete; that the wage rates for laborers o applicable wage rates contained in any wage determinat set forth therein for each laborer or mechanic conform w	r mechanics contained therein are not les	s than the			
(3) That any apprentices employed in the above per program registered with a State apprenticeship agency or Training, United States Department of Labor, or if no sur with the Bureau of Apprenticeship and Training, United States	ecognized by the Bureau of Apprenticeshi th recognized agency exists in a State, are	ip and			
(4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO	APPROVED PLANS, FUNDS. OR PRO	GRAMS	NAME AND TITLE		SIGNATURE
 in addition to the basic hourly wa the above referenced payroll, pa have been or will be made to appr 	ge rates paid to each laborer or mechani yments of fringe benefits as listed in the opriate programs for the benefit of such er	ic listed in e contract molovees.	THE WILLFUL FALSIFICAT	ect Assistant TION OF ANY OF THE ABOVE STA L OR CRIMINAL PROSECUTION. S	(b) (6)
except as noted in section 4(c) be	ow.				

Date 12/10/2018		AN WALLEDE EDINIOE DENIETTO ADE DAID I	
(b) (6)	Project Assistant	(b) WHERE FRINGE BENEFITS ARE PAID I	
(Name of Signatory Party)	(Title)		sted in the above referenced payroll has been paid, an amount not less than the sum of the applicable
do hereby state:		basic hourly wage rate plus in the contract, except as no	the amount of the required fringe benefits as listed oted in section 4(c) below.
(1) That I pay or supervise the payment of the		(c) EXCEPTIONS	(), 2222.
W. R. Weis C	Company, Inc on the	(C) EXCEL TIONS	
(Contractor or St	ubcontractor)	EXCEPTION (CRAFT)	EXPLANATION
Revolving Door Rehab-US Post Offic	e; that during the payroll period commencing on the		
(Building or Work)			
	d ending the 2nd day of December , 2018,		
all persons employed on said project have been po been or will be made either directly or indirectly to	aid the full weekly wages earned, that no rebates have or on behalf of said		
W. R. Weis Co	mpany, Inc from the full		
(Contractor or S	Subcontractor)		
from the full wages earned by any person, other the 3 (29 C.F.R. Subtitle A), issued by the Secretary of	deductions have been made either directly or indirectly nan permissible deductions as defined in Regulations, Part of Labor under the Copeland Act, as amended (48 Stat. 948,		
63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C.	. § 3145), and described below:		
-			
	<u> </u>		
		REMARKS:	
correct and complete; that the wage rates for labo	ntract required to be submitted for the above period are rers or mechanics contained therein are not less than the mination incorporated into the contract; that the classifications form with the work he performed.		
program registered with a State apprenticeship ag	ve period are duly registered in a bona fide apprenticeship ency recognized by the Bureau of Apprenticeship and no such recognized agency exists in a State, are registered nited States Department of Labor.		
(4) That:	AID TO ADDROVED DI ANS ELINDS OF BROODANS	NAME AND TITLE	SIGNATURE
· · · <u> </u>	AID TO APPROVED PLANS, FUNDS, OR PROGRAMS	Project Assistant	OIGHNI GIVE
 in addition to the basic hou 	rly wage rates paid to each laborer or mechanic listed in	(D)	(b) (C)
the above referenced payre	oll, payments of fringe benefits as listed in the contract	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STA	
have been or will be made t except as noted in section 4	o appropriate programs for the benefit of such employees, (c) below.	SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. 31 OF THE UNITED STATES CODE.	

Wage and Hour Division

PAYROLL



(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. Rev. Dec. 2008 OR SUBCONTRACTOR NAME OF CONTRACTOR ADDRESS 2100 S. Wabash Ave OMB No.:1235-0008 Chicago, IL 60616 Expires: 04/30/2021 W. R. Weis Company, Inc. PROJECT OR CONTRACT NO. PROJECT AND LOCATION PAYROLL NO. FOR WEEK ENDING Revolving Door Rehab-US Post Office 12/02/2018 Subcontract #1925 - 97884 211 S. Clark Street, Chicago, IL 60604 (1)(3) (4) DAY AND DATE (5)(9)(8) DEDUCTIONS NO. OF WITHHOLDING EXEMPTIONS Fri Sat Mon Tue Wed Thur Sun NET NAME AND INDIVIDUAL IDENTIFYING NUMBER GROSS WITH-WAGES 11/27 11/28 11/26 11/29 11/30 12/1 12/2 State WH (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY WORK TOTAL RATE AMOUNT HOLDING TOTAL PAID Tax NUMBER) OF WORKER CLASSIFICATION HOURS WORKED EACH DAY HOURS OF PAY EARNED FICA TAX OTHER DEDUCTIONS FOR WEEK \$155.93 Marble Finisher 0 \$33.14 \$30.20 \$19.54 \$25.50 \$108.38 \$324.75 1 4.50 34.65 4.50 \$433.13 \$155.93 Marble Finisher 0 0 \$33.14 \$39.77 \$25.50 \$21,44 \$119.85 \$313.28 4.50 4.50 34.65 \$433.13 \$204.44 Marble Setter 0 \$43,43 \$26,60 \$28,11 \$30.38 \$439.36 \$128.52 4.50 4.50 45.43 \$567.88 \$204.44 Marble Setter 0 \$51.26 3 \$20.86 \$27.46 \$34.02 \$133.60 \$536.50 s 4.50 4.50 45.43 \$670.10 0 0 0

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contractor in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

Wage and Hour Division

PAYROLL



(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. Rev. Dec. 2008 OR SUBCONTRACTOR NAME OF CONTRACTOR ADDRESS 2100 S. Wabash Ave OMB No.:1235-0008 Chicago, IL 60616 Expires: 04/30/2021 W. R. Weis Company, Inc. PROJECT AND LOCATION PROJECT OR CONTRACT NO. PAYROLL NO. FOR WEEK ENDING Revolving Door Rehab-US Post Office 2 12/09/2018 Subcontract #1925 - 97884 211 S. Clark Street, Chicago, IL 60604 (1) (3)(4) DAY AND DATE (5) (7) (9)(8) DEDUCTIONS Fri Sat Sun Tuc Wed Thur NET NAME AND INDIVIDUAL IDENTIFYING NUMBER GROSS WITH-WAGES 12/3 12/4 12/5 12/6 12/7 12/8 12/9 State WH (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY WORK TOTAL **AMOUNT** RATE HOLDING PAID Tax NUMBER) OF WORKER HOURS WORKED EACH DAY EARNED CLASSIFICATION OF PAY FICA OTHER TAX DEDUCTIONS FOR WEEK NO WORK PERFORMED 0 0 0 0 0 0

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

I,	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH — Each laborer or mechanic listed in the above referenced as indicated on the payroll, an amount not less than the basic hourly wage rate plus the amount of the required fin the contract, except as noted in section 4(c) below. (c) EXCEPTIONS	sum of the applicable
(Contractor or Subcontractor) Revolving Door Rehab-US Post Office ; that during the payroll period commencing on the	EXCEPTION (CRAFT) EXPLAN	ATION
(Building or Work) 3rd day of December 2018, and ending the 9th day of December 2018,		
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said		
W. R. Weis Company, Inc. (Contractor or Subcontractor)		
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948,		
63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:		
3		
(2) That any payrolls otherwise under this contract required to be submitted for the above period are	REMARKS:	
correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.		
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.		
(4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS ————————————————————————————————————	NAME AND TITLE SIGNATURE	
 in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below. 	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE COSUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 / 31 OF THE UNITED STATES CODE.	

Wage and Hour Division

PAYROLL



(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

		Persons are not	requ	ired to res	pond t	o the	collecti	on of	informati	on unless it di	splays a current	fy valid ON	AB control nu	ımber.			Rev. Dec	. 2008
NAME OF CONTRACTOR OR SUBCONTE		Company, Inc.							ADDRE	SS 2100 S. Chicago	Wabash Ave , IL 60616						OMB No.	:1235-0008
PAYROLL NO.	n. weis	FOR WEEK ENDIN	<u> </u>						PROJE						PROJECT	OR CONTRAC		717072021
3		FOR WEEK ENDIN		2/16/2018	3				Revo	lving Door F S. Clark Stre	rion Rehab-US Pos et, Chicago, I	st Office L 60604				tract #1925		
(1)	(2) 9 g	(3)	Ë	Mon Tue	4) DAY	_		. e	(5)	(6)	(7)			DEC	(8) DUCTIONS			(9)
NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY	NO. OF WITHHOLDING EXEMPTIONS	WORK	OT. OR ST.	12/10 12/11	12/12	12/13 1	2/14 12/1	5 12/10	6 TOTAL	RATE	GROSS AMOUNT		WITH- HOLDING	State WH Tax			TOTAL	NET WAGES PAID
NUMBER) OF WORKER NO WORK PERFORMED	250	CLASSIFICATION	+1	HOUR	SWOR	KED E	ACH D	AY T	HOURS	OF PAY	EARNED	FICA	TAX			OTHER	DEDUCTIONS	FOR WEEK
NO WORK PERFORMED			0		\vdash	4	-	+										
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While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

Date12/21/2018			(L) W// IEDE EDIN	IOE DEVICEITO ADE DAID II	N. C. C.
(b) (6)	Project Assistant		_	NGE BENEFITS ARE PAID I	
(Name of Signatory Party)	(Title)		□ -	Each laborer or mechanic li	sted in the above referenced payroll has been paid, an amount not less than the sum of the applicable
do hereby state:					the amount of the required fringe benefits as listed
(1) That I pay or supervise the payment of the pe	ersons employed by		(a) EVCEDTIONS		oted in Section 4(e) below.
W. R. Weis Com		on the	(c) EXCEPTIONS	•	T
(Contractor or Subco			EXCEP.	FION (CRAFT)	EXPLANATION
Revolving Door Rehab-US Post Office (Building or Work)	; that during the payroll period commer	ncing on the			
	ding the 16th day of December	2018			
all persons employed on said project have been paid to been or will be made either directly or indirectly to or o	he full weekly wages earned, that no reba	ates have			
W. R. Weis Comp	any, Inc.	from the full			
(Contractor or Subs	ontractor)	nom and tan			
weekly wages earned by any person and that no ded from the full wages earned by any person, other than p 3 (29 C.F.R. Subtitle A), issued by the Secretary of La 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3	permissible deductions as defined in Regul bor under the Copeland Act, as amended in	ations. Part			
00 0 tat. 100, 72 0 tat. 001, 70 0 tat. 007, 40 0.0.0. g 0	140), and described below.				
0					
		ļ			
			REMARKS:		
(2) That any payrolls otherwise under this contractorrect and complete; that the wage rates for laborers applicable wage rates contained in any wage determines to forth therein for each laborer or mechanic conformation.	or mechanics contained therein are not le	ss than the			
(3) That any apprentices employed in the above program registered with a State apprenticeship agency Training, United States Department of Labor, or if no swith the Bureau of Apprenticeship and Training, United	recognized by the Bureau of Apprenticesh uch recognized agency exists in a State, a	nip and			
(4) That:		Ĺ	MANG AND TITLE		Alous de la companya del companya de la companya del companya de la companya de l
(a) WHERE FRINGE BENEFITS ARE PAID	TO APPROVED PLANS, FUNDS, OR PRO	OGRAMS	NAME AND TITLE Proj	ect Assistant	SIGNATURE
	age rates paid to each laborer or mechan		b) (b)		(D) (O)
	payments of fringe benefits as listed in the propriate programs for the benefit of such expelow.	employees.			TEMELET OF THE SOURCE OF THE SOURCE OF THE SECTION 231 OF THE

Wage and Hour Division

PAYROLL



(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. Rev. Dec. 2008 OR SUBCONTRACTOR NAME OF CONTRACTOR ADDRESS 2100 S. Wabash Ave OMB No.:1235-0008 Chicago, IL 60616 Expires: 04/30/2021 W. R. Weis Company, Inc. PAYROLL NO. PROJECT AND LOCATION PROJECT OR CONTRACT NO. FOR WEEK ENDING Revolving Door Rehab-US Post Office 12/23/2018 Subcontract #1925 - 97884 211 S. Clark Street, Chicago, IL 60604 (1) (2)(3)(4) DAY AND DATE (9)(8) DEDUCTIONS Mon Tue Wed Fri Sat Thur Sun NET NAME AND INDIVIDUAL IDENTIFYING NUMBER **GROSS** WAGES 12/18 12/19 12/20 12/21 12/22 12/23 State WH (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY WORK TOTAL RATE AMOUNT HOLDING TOTAL PAID Tax NUMBER) OF WORKER CLASSIFICATION HOURS WORKED EACH DAY EARNED FICA OTHER TAX DEDUCTIONS FOR WEEK NO WORK PERFORMED n ام lo 0 0

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

Date2/1/2019			(b) WHERE ERIN	ICE BENEEITS ARE DAID	IN CACL
(b) (6)	Project Assistant		(D) WHERE FRIN	NGE BENEFITS ARE PAID	IN CASH
I, (b) (b)	<u> </u>		<u> </u>	Each laborer or mechanic	isted in the above referenced payroll has been paid,
(Name of Signatory Party)	(Title)			as indicated on the payroll,	an amount not less than the sum of the applicable
do hereby state:				in the contract, except as n	the amount of the required fringe benefits as listed noted in section 4(c) below.
(1) That I pay or supervise the payment of the p	ersons employed by		(-) EVOEDTIONS		4 -7
W. R. Weis Con	npany, Inc.	on the	(c) EXCEPTIONS	<u> </u>	
(Contractor or Subc	ontractor)	On the	EXCEPT	TION (CRAFT)	EXPLANATION
Revolving Door Rehab-US Post Office	; that during the payroll period commen	icing on the			
(Building or Work)	_				
17thday ofDecember,2018 _, and e	nding the 23rd day of December				
all persons employed on said project have been paid been or will be made either directly or indirectly to or or		ites have			
W. R. Weis Comp	pany, Inc.	from the full			
(Contractor or Sub-					
weekly wages earned by any person and that no ded	uctions have been made either directly or in	ndirectly			
from the full wages earned by any person, other than 3 (29 C.F.R. Subtitle A), issued by the Secretary of La	abor under the Copeland Act, as amended (ations, Part (48 Stat. 948,			
63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3	3145), and described below:				
3					
,					
			REMARKS:		
(2) That any payrolls otherwise under this contra	act required to be submitted for the above p	eriod are			
correct and complete; that the wage rates for laborers	or mechanics contained therein are not les	ss than the			
applicable wage rates contained in any wage determin set forth therein for each laborer or mechanic conform	iation incorporated into the contract; that the with the work he performed.	classifications			
(3) That any apprentices employed in the above p program registered with a State apprenticeship agence	eriod are duly registered in a bona fide app	renticeship			
Training, United States Department of Labor, or if no	such recognized agency exists in a State, ar	re registered			
with the Bureau of Apprenticeship and Training, United	d States Department of Labor.				
(4) That:					
(a) WHERE FRINGE BENEFITS ARE PAID	TO APPROVED PLANS, FUNDS, OR PRO	OGRAMS	NAME AND TITLE	ect Assistant	SIGNATURE
- in addition to the basic hourly	wage rates paid to each laborer or mechan	sia lietad in		ou rosistant	(b) (b)
	payments of fringe benefits as listed in the		THE WILLFUL FALSIFICAT	TION OF ANY OF THE ABOVE ST	
have been or will be made to ap	opropriate programs for the benefit of such e		SUBCONTRACTOR TO CIVIL 31 OF THE UNITED STATES	L OR CRIMINAL PROSECUTION.	SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE
except as noted in section 4(c)	Delow.		S. S. TILL GRITLE STATES		

Wage and Hour Division

PAYROLL



(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. Rev. Dec. 2008 NAME OF CONTRACTOR OR SUBCONTRACTOR ADDRESS 2100 S. Wabash Ave OMB No :1235-0008

W.	R. Wei	Company, Inc.										Chicago	, IL 60616						Expires: 0	:1235-0008 04/30/2021
PAYROLL NO. 5		FOR WEEK ENDIN	FOR WEEK ENDING 12/30/2018					Revo	CT AND LOCAT Diving Door F S. Clark Stre	пом Rehab-US Pos et, Chicago, I	st Office IL 60604				or contract ract #1925					
(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER	NO. OF WITHHOLDING (2) EXEMPTIONS	(3)	OR ST.	Mon	Tue	Wed	Thur	Fri	Sat	-	ł.	(6)	(7)			DED	(8) DUCTIONS			(9) NET
(e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	NO. OF WITHE EXEMP	WORK CLASSIFICATION	O.To	12/24			1		12/29 CH DA		TOTAL	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	State WH Tax		OTHER	TOTAL DEDUCTIONS	WAGES
NO WORK PERFORMED			o																	
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While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

Date2/1/2019		/b\ \4/1.IF
(b) (6)	Project Assistant	(b) WHE
(Name of Signatory Part	ty) (Title)	
do hereby state:		
(1) That I pay or supervise the pay	ment of the persons employed by	
W. F	R. Weis Company, Inc.	(c) EXC
	actor or Subcontractor) on the	
Revolving Door Rehab-US P	ost Office ; that during the payroll period commencing on the	
(Building or Work)		
	018_, and ending the 30th day of December 2018,	
all persons employed on said project ha been or will be made either directly or in	ve been paid the full weekly wages earned, that no rebates have directly to or on behalf of said	
W. R.	Weis Company, Inc. from the full	
(Contr	ractor or Subcontractor)	
veekly wages earned by any person ar	nd that no deductions have been made either directly or indirectly	1
rom the full wages earned by any perso	on, other than permissible deductions as defined in Regulations, Part secretary of Labor under the Copeland Act, as amended (48 Stat. 948,	
63 Stat. 108, 72 Stat. 967; 76 Stat. 357;	40 U.S.C. § 3145), and described below:	
		REMARKS:
(2) That any payrolle otherwise use	Nor this contract required to be submitted for the charge and day	
correct and complete; that the wage rate	der this contract required to be submitted for the above period are es for laborers or mechanics contained therein are not less than the	
applicable wage rates contained in any v	vage determination incorporated into the contract; that the classifications	
et forth therein for each laborer or mech	hanic conform with the work he performed.	
(3) That any apprentices employed i	in the above period are duly registered in a bona fide apprenticeship	
rogram registered with a State apprenti raining. United States Department of La	iceship agency recognized by the Bureau of Apprenticeship and abor, or if no such recognized agency exists in a State, are registered	
	raining, United States Department of Labor.	
(4) That:		
. ,	TS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE
in addition to the	hasia haushu waga satar naid ta arab labarra arab a 1	(D) (G)
In addition to the the above reference	basic hourly wage rates paid to each laborer or mechanic listed in need payroll, payments of fringe benefits as listed in the contract	THE WILLFUL F
have been or will t	be made to appropriate programs for the benefit of such employees, a section 4(c) below.	SUBCONTRACTO 31 OF THE UNITE

ERE FRINGE BENEFITS ARE PAID IN CASH

 Each laborer or mechanic listed in the above referenced payroll has been paid
as indicated on the payroll, an amount not less than the sum of the applicable
basic hourly wage rate plus the amount of the required fringe benefits as listed
in the contract, except as noted in section 4(c) below.

EPTIONS

EXCEPTION (CRAFT)	EXPLANATION
REMARKS:	
NAME AND TITLE	SIGNATURE





Wage and Hour Division

PAYROLL



(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. Rev. Dec. 2008 OR SUBCONTRACTOR NAME OF CONTRACTOR ADDRESS 2100 S. Wabash Ave OMB No.:1235-0008 Chicago, IL 60616 Expires: 04/30/2021 W. R. Weis Company, Inc. PAYROLL NO. FOR WEEK ENDING PROJECT AND LOCATION PROJECT OR CONTRACT NO. Revolving Door Rehab-US Post Office 6 01/06/2019 Subcontract #1925 - 97884 211 S. Clark Street, Chicago, IL 60604 (1) (4) DAY AND DATE (2)(3) (9)(8) DEDUCTIONS Tue Wed Fri Sat Thur Sun NET NAME AND INDIVIDUAL IDENTIFYING NUMBER GROSS WAGES 12/31 1/1 1/2 1/3 1/4 1/5 State WH (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY WORK TOTAL RATE AMOUNT HOLDING TOTAL PAID Tax NUMBER) OF WORKER CLASSIFICATION HOURS WORKED EACH DAY EARNED FICA OTHER TAX DEDUCTIONS FOR WEEK NO WORK PERFORMED 0 0

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contractor contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

Date 2/1/2019			4. M. 1505 FD. 15		
(b) (6)	Project	Assistant	(b) WHERE FRIN	IGE BENEFITS ARE PAID I	N CASH
(Name of Signature Books)	Project Assistant			Each laborer or mechanic I	isted in the above referenced payroll has been paid,
(Name of Signatory Party) do hereby state:		(Title)		as indicated on the payroll,	an amount not less than the sum of the applicable the amount of the required fringe benefits as listed
(4) The history and the second of				in the contract, except as n	
(1) That I pay or supervise the payment of	1 1 1		(c) EXCEPTIONS	j	
	Company, Inc.	on the			
(Contractor or S	,		EXCEPT	TION (CRAFT)	EXPLANATION
Revolving Door Rehab-US Post Offi	ice ; that during the payroll	period commencing on the			
(Building or Work) 31st day of December , 2018 , a	and anding the 6th day of	January 2019			
all persons employed on said project have been been or will be made either directly or indirectly t	paid the full weekly wages earner				
W. R. Weis C	Company, Inc.	from the full			
(Contractor or	Subcontractor)	- I on an			
weekly wages earned by any person and that no					
from the full wages earned by any person, other 3 (29 C.F.R. Subtitle A), issued by the Secretary	than permissible deductions as detections as detections.	efined in Regulations, Part			
63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.	C. § 3145), and described below:	, as amended (40 Stat. 540,			1
9					
-					
			REMARKS:		
(2) That any payrolls otherwise under this of	contract required to be submitted f	or the above period are			
correct and complete; that the wage rates for lab	porers or mechanics contained the	erein are not less than the			
applicable wage rates contained in any wage det	ermination incorporated into the c	ontract; that the classifications			
set forth therein for each laborer or mechanic con	ntorm with the work he performed	•			
(3) That any apprentices employed in the ab					
program registered with a State apprenticeship a Training, United States Department of Labor, or i	igency recognized by the Bureau of if no such recognized agency exis	of Apprenticeship and			
with the Bureau of Apprenticeship and Training, U					
(4) That:					
(a) WHERE FRINGE BENEFITS ARE	PAID TO APPROVED PLANS, FU	INDS, OR PROGRAMS	NAME AND TITLE		SIGNATURE
2			(D) (D)	ect Assistant	(b) (6)
 in addition to the basic ho 	ourly wage rates paid to each laborroll, payments of fringe benefits		THE WILLEL ENDISON	CON OF ANY OF THE ABOUT OF	
	yron, payments or fringe benefits to appropriate programs for the b		SUBCONTRACTOR TO CIVIL	TION OF ANY OF THE ABOVE STA L OR CRIMINAL PROSECUTION. :	AT SEE SECTION 100 OF TITLE 18 AND SECTION 231 OF TITLE
except as noted in section		,,	31 OF THE UNITED STATES	CODE.	III)

Wage and Hour Division

PAYROLL



(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. Rev. Dec. 2008 OR SUBCONTRACTOR NAME OF CONTRACTOR ADDRESS 2100 S. Wabash Ave OMB No.:1235-0008 Chicago, IL 60616 Expires: 04/30/2021 W. R. Weis Company, Inc. PAYROLL NO. FOR WEEK ENDING PROJECT AND LOCATION PROJECT OR CONTRACT NO. Revolving Door Rehab-US Post Office 7 01/13/2019 Subcontract #1925 - 97884 211 S. Clark Street, Chicago, IL 60604 (1) (4) DAY AND DATE (3) (9) (8) DEDUCTIONS Mon Tue Wed Thur Fri Sat Sun R NET NAME AND INDIVIDUAL IDENTIFYING NUMBER GROSS WITH-WAGES 1/7 1/9 1/8 1/10 1/11 1/12 State WH (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY WORK TOTAL RATE AMOUNT HOLDING TOTAL PAID Tax NUMBER) OF WORKER HOURS WORKED EACH DAY CLASSIFICATION EARNED FICA OTHER DEDUCTIONS FOR WEEK TAX NO WORK PERFORMED s 0

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contrained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

Date2/1/2019		(b) WHERE FRINGE BENEFITS ARE PAID I	N CASH
(b) (b)	Project Assistant	☐ − Each laborer or mechanic li	sted in the above referenced payroll has been paid,
(Name of Signatory Party)	(Title)	as indicated on the payroll,	an amount not less than the sum of the applicable
do hereby state:		in the contract, except as no	the amount of the required fringe benefits as listed oted in section 4(c) below.
(1) That I pay or supervise the payment of the pe		(c) EXCEPTIONS	
W. R. Weis Com	on the	(6) 2.102.	
(Contractor or Subcon		EXCEPTION (CRAFT)	EXPLANATION
Revolving Door Rehab-US Post Office (Building or Work)	; that during the payroll period commencing on the		
	ding the13th _ day ofJanuary, _2019 _,		
all persons employed on said project have been paid the been or will be made either directly or indirectly to or or			
W. R. Weis Compa (Contractor or Subco	from the full		
,	,		
weekly wages earned by any person and that no dedu from the full wages earned by any person, other than p 3 (29 C.F.R. Subtitle A), issued by the Secretary of Lat 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 31	ermissible deductions as defined in Regulations, Part or under the Copeland Act, as amended (48 Stat. 948,		
•	,		
			
		REMARKS:	
(2) That any payrolls otherwise under this contract correct and complete; that the wage rates for laborers applicable wage rates contained in any wage determinated set forth therein for each laborer or mechanic conforms.	or mechanics contained therein are not less than the tion incorporated into the contract; that the classifications		
(3) That any apprentices employed in the above per program registered with a State apprenticeship agency Training, United States Department of Labor, or if no su with the Bureau of Apprenticeship and Training, United	ich recognized agency exists in a State, are registered		
 in addition to the basic hourly w the above referenced payroll, p 	TO APPROVED PLANS, FUNDS, OR PROGRAMS age rates paid to each laborer or mechanic listed in ayments of fringe benefits as listed in the contract propriate programs for the benefit of such employees, elow.	NAME AND TITLE Project Assistant THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STA SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. S 31 OF THE UNITED STATES CODE.	SIGNATURE (b) (6) SEE SECTION 100 FOR TITLE 18 AND SECTION 231 OF TITLE

Wage and Hour Division

PAYROLL



(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. Rev. Dec. 2008 NAME OF CONTRACTOR OR SUBCONTRACTOR ADDRESS 2100 S. Wabash Ave OMB No.:1235-0008 Chicago, IL 60616 Expires: 04/30/2021 W. R. Weis Company, Inc. PAYROLL NO. FOR WEEK ENDING PROJECT AND LOCATION PROJECT OR CONTRACT NO. Revolving Door Rehab-US Post Office 8 01/20/2019 Subcontract #1925 - 97884 211 S. Clark Street, Chicago, IL 60604 (1) (4) DAY AND DATE (2)(3) (9) (8) DEDUCTIONS Mor Tue Wed Fri Sat Sun NET NAME AND INDIVIDUAL IDENTIFYING NUMBER GROSS 1/14 1/15 1/16 1/17 1/18 1/19 WAGES State WH (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY WORK TOTAL RATE AMOUNT HOLDING TOTAL PAID NUMBER) OF WORKER HOURS WORKED EACH DAY EARNED CLASSIFICATION HOURS OF PAY FICA TAX DEDUCTIONS FOR WEEK NO WORK PERFORMED l٥ 0 0

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

Date 2/1/2019		
(b) (6)	Project Assistant	
(Name of Signatory Party)	(Title)	
do hereby state:		
(1) That I pay or supervise the payment of the pe	rease ampleyed by	
W. R. Weis Com		
(Contractor or Subcontractor)	on the	
	; that during the payroll period commencing on the	
(Building or Work)	, that during the payroli period commencing on the	
	ding the 20th day of January 2019,	
all persons employed on said project have been paid the been or will be made either directly or indirectly to or or	ie full weekly wages earned, that no rebates have a behalf of said	
W. R. Weis Compa	any, Inc. from the full	
(Contractor or Subc		
weekly wages earned by any person and that no dedu	ctions have been made either directly or indirectly	
from the full wages earned by any person, other than p	ermissible deductions as defined in Regulations, Part por under the Copeland Act, as amended (48 Stat. 948,	-
63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 31	45), and described below:	
		-
		REMA
correct and complete; that the wage rates for laborers	tion incorporated into the contract; that the classifications	
(3) That any apprentices employed in the above pe program registered with a State apprenticeship agency Training, United States Department of Labor, or if no su with the Bureau of Apprenticeship and Training, United	ach recognized agency exists in a State, are registered	
(4) That:		
(4) That: (a) WHERE FRINGE BENEFITS ARE PAID 1	TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME
		(h
 in addition to the basic hourly w 	age rates paid to each laborer or mechanic listed in	
have been or will be made to app	ayments of fringe benefits as listed in the contract propriate programs for the benefit of such employees,	SUBCO
except as noted in section 4(c) b	BIOW.	0.01

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

-	Each laborer or mechanic listed in the above referenced payroll has been paid
	as indicated on the payroll, an amount not less than the sum of the applicable
	basic hourly wage rate plus the amount of the required fringe benefits as listed
	in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
REMARKS:	
NAME AND TITLE	SIGNATURE

NAME AND TITLE

SIGNATURE

(b) (6)

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STA SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

Wage and Hour Division

NAME OF CONTRACTOR

PAYROLL



(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

Rev. Dec. 2008

OR SUBCONTRACTOR
OMB No.:1235-0008

W. R. Weis Company, Inc.					2100 S. Wabash Ave Chicago, IL 60616						OMB No.:1235-0008 Expires: 04/30/2021					
PAYROLL NO. 9	9 FOR WEEK ENDING 01/27/2019			PROJECT AND LOCATION Revolving Door Rehab-US Post Office 211 S. Clark Street, Chicago, IL 60604 PROJECT OR CONTRACT NO. Subcontract #1925 - 9788												
(1)	(2) SNOI	(3)	ORST.	(4) fon Tue V	DAY AN	 _	(5)	(6)	(7)			DED	(8) DUCTIONS			(9) NET
NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	9.E	/21 1/22 I HOURS			TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	State WH Tax		OTHER	TOTAL DEDUCTIONS	WAGES
NO WORK PERFORMED			s													
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While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contractors performing work on Federally financed or assisted construction contracts to respond to the information collection contractors performing work on Federally financed or assisted construction contracts to runsh weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

Date2/1/2019		/h/ W// IEDE EDINGE BENEE
(b) (6)	Project Assistant	(b) WHERE FRINGE BENEF
(Name of Signatory Party)	(Title)	 Each labore as indicated
do hereby state:	()	basic hourly
(1) That I pay or supervise the payment of the	pareone amployed by	in the contr
W. R. Weis Co.		(c) EXCEPTIONS
(Contractor or Subc	on the	EXCEPTION (CRAFT
Revolving Door Rehab-US Post Office	; that during the payroll period commencing on the	EXCEPTION (CRAP
(Building or Work)	, that during the payron period commencing on the	
	ending the 27th day of January 2019,	
	the full weekly wages earned, that no rebates have	
W. R. Weis Com	pany, Inc.	
(Contractor or Sub	pcontractor) from the full	
weekly wages earned by any person and that no de	ductions have been made either directly or indirectly	
from the full wages earned by any person, other than	permissible deductions as defined in Regulations, Part	
3 (29 C.F.R. Subtitie A), issued by the Secretary of L 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. §	abor under the Copeland Act, as amended (48 Stat. 948, 3145), and described below:	1
•	,	
		REMARKS:
	act required to be submitted for the above period are s or mechanics contained therein are not less than the	
applicable wage rates contained in any wage determi	nation incorporated into the contract; that the classifications	
set forth therein for each laborer or mechanic conforr	n with the work he performed.	
	period are duly registered in a bona fide apprenticeship	
program registered with a State apprenticeship agend Training, United States Department of Labor, or if no	cy recognized by the Bureau of Apprenticeship and such recognized agency exists in a State, are registered	
with the Bureau of Apprenticeship and Training, Unite		
(4) That:		
(- /	TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE
7		Project Assistar
 in addition to the basic hourly 	wage rates paid to each laborer or mechanic listed in payments of fringe benefits as listed in the contract	THE WILLFUL FALSIFICATION OF ANY
	appropriate programs for the benefit of such employees,	SUBCONTRACTOR TO CIVIL OR CRIMINA 31 OF THE UNITED STATES CODE.

ITS ARE PAID IN CASH

] —	Each laborer or mechanic listed in the above referenced payroll has been paid
	as indicated on the payroll, an amount not less than the sum of the applicable
	basic hourly wage rate plus the amount of the required fringe benefits as listed
	in the contract, except as noted in section 4(c) below.

EXCEPTION (CRAFT)	EXPLANATION
REMARKS:	
NAME AND TITLE	SIGNATURE

31 OF THE UNITED STATES CODE.